

Coroner's Inquests into the London Bombings of 7 July 2005  
Hearing transcripts - 26 January 2011 - Afternoon session

1 (2.20 pm)

2 LADY JUSTICE HALLETT: Mr Keith?

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

4 Dr Michelle Drage, please.

5 DR MICHELLE DRAGE (affirmed)

6 Questions by MR KEITH

7 MR KEITH: Good afternoon. Is your name Dr Michelle Drage?

8 A. It is, yes.

9 Q. Dr Drage, in July of 2005, your witness statement  
10 records that you were employed by the London-wide Local  
11 Medical Committee as its chief executive?

12 A. Yes.

13 Q. In a sentence or two, what is that committee?

14 A. It's the statutory representative body for GPs in  
15 London, and I'm still in that post.

16 Q. All right. Can I ask you, Doctor, while you give your  
17 evidence, to keep your voice as loud as you can?

18 A. I'll try and do that.

19 Q. The microphone won't, in fact, amplify your voice, it  
20 only relays it to the media annex. So don't rely upon  
21 it. You have to keep your voice loud.

22 A. Okay.

23 Q. We know that you were then and remain, of course, also,  
24 a qualified medical practitioner?

25 A. Yes.

1 Q. That morning, were you working in your office, which is  
2 in the west wing of the BMA building on the third floor?

3 A. I was going into the BMA and I have this arrangement  
4 because I have another role, which is as one of the GP  
5 negotiators or was then, and the GPC Committee office is  
6 on the east side and my office is on the west side and,  
7 as was my normal practice, I sort of popped into my  
8 office first and then over to the BMA office.

9 Q. In that office on the other side of the courtyard, were  
10 there a number of your colleagues whose names, in fact,  
11 my Lady has heard: Dr Peter Holden; Dr Dunn, from whom  
12 we heard this morning; Dr Church; Dr Buckman and  
13 Dr Ward?

14 A. Yes.

15 Q. Some or all of whom may be doctors. I don't know.

16 A. Yes.

17 Q. We heard evidence from Dr Dunn that, after everybody had  
18 assembled, bar one, somebody appreciated that there was  
19 something on the television to do with problems that  
20 morning on the Tube, and so the television was turned on  
21 and reports began to come through of power surges on the  
22 Tube lines.

23 A. Yes.

24 Q. What happened next?

25 A. I think we all felt that this was somewhat odd and, if

1 you were listening, the noise was different to what you  
2 would normally pick up, and we were saying amongst  
3 ourselves, "This sounds like a terrorist type of  
4 incident", and that was around about 9.20, 9.25, when it  
5 began to break, as far as we were concerned, on the TV,  
6 and so there was a bit of banter in the room, as you can  
7 imagine, and then there was an explosion and the -- it's  
8 not like it's a huge bang, there is a bang, but it's  
9 more like a large thud, and that reminded me very much  
10 of the same incident that I -- nearby, in the -- also  
11 the IRA bombings, when the one at Staples Corner went  
12 off, and we heard that, so I recognised the sound.

13 At that point, almost instantaneously, one of my  
14 colleagues jumped into my arms. We went down on the  
15 floor. There was huge vibration in the room. We moved  
16 away from the windows, all of that sort of thing.

17 Q. Just pausing you there. The explosion had been strong  
18 enough to make the windows of that rear office, which  
19 was towards the rear of the courtyard, shake?

20 A. It's actually not towards the rear of the courtyard.  
21 That office is set back from the front, but it's still  
22 on the western entrance.

23 Q. I see. Thank you very much.

24 A. So it's pretty close to the front.

25 Q. But facing on to the courtyard rather than on to

1 Tavistock Square?

2 A. No, that office -- it's a bizarre situation, but that  
3 office faces -- if you're looking at Woburn Place, it's  
4 facing towards Holborn.

5 Q. All right.

6 A. But it's at the front.

7 Q. Do you recall there being a fire alarm or any call to  
8 evacuate the building?

9 A. Very much. The fire alarm went off instantly. The BMA  
10 has a combination of fire -- of bells and sirens, and  
11 you could hear both. We didn't leave the room and we  
12 felt that we were: (a) safer there; and (b) there was  
13 a risk of a secondary device, and Peter Holden, who is  
14 well-versed in these things, suggested that we stay  
15 where we were.

16 Meanwhile, the security people from the BMA were  
17 coming round and actually knocked on the door and said,  
18 "Evacuate the building", and we continued not to  
19 evacuate it.

20 Q. Once the moment of unruliness had passed, did you,  
21 however, decide that you would go and check some other  
22 parts of the BMA building, including the near vicinity  
23 to your office?

24 A. Yes, I -- the London-wide Local Medical Committee has  
25 two offices. One of them is on the first floor above

1 the NatWest Bank, and so I was concerned for my staff  
2 and I went and visited it.

3 Q. Yes. I think you checked the offices and found that  
4 they were empty?

5 A. Yes.

6 Q. Could you smell a sense of burning or a smell of burning  
7 and cordite as you went round the building?

8 A. Yes, and smoke.

9 Q. Then did you go to the courtyard?

10 A. I did. I went down into the courtyard and saw my  
11 colleagues, who must have just come down because this  
12 was fairly quick.

13 Q. Your colleagues from the same meeting?

14 A. From the same meeting in the courtyard.

15 Q. In the courtyard, did you see casualties being brought  
16 into the courtyard through the archway from  
17 Tavistock Square?

18 A. Just beginning to be brought through.

19 Q. Were you able immediately to see that they were being  
20 brought in on rudimentary makeshift stretchers such as  
21 table-tops?

22 A. Yes, as they were coming in, in fact, some of the  
23 table-tops were going out from the back entrance and the  
24 car park towards the arch.

25 Q. Your statement records how, as you then tried to assist

1 with casualties, you noted -- and I quote your  
2 statement:

3 "... a distinct lack of emergency services and  
4 equipment."

5 Can you just say how much time had elapsed, do you  
6 think, before you went down to the courtyard yourself  
7 and saw the casualties being brought in?

8 A. Five minutes.

9 Q. There were more people there than there had been in your  
10 meeting. So did you appreciate that there were other  
11 doctors from the BMA building?

12 A. Yes, yes.

13 Q. Also in the courtyard?

14 A. Yes.

15 Q. They didn't have uniforms on, of course?

16 A. No.

17 Q. They were in, presumably, suits?

18 A. Yes, suits and daytime clothes, because we were all --  
19 we're there for meetings, not to provide services.

20 Q. What happened at that stage? What steps were taken to  
21 try to impose some sort of order on the care and  
22 treatment of the casualties as they were brought in?

23 A. During that interlude, before the next stage happened,  
24 I think most of us were trying to occupy ourselves on  
25 automatic, occupying ourselves looking after the nearest

1 people. There was this moment of time that passed when  
2 we were simply just trying to make ourselves useful.

3 Q. Did that mean you were going round the casualties  
4 checking to see what their state was?

5 A. Yes, I did go round, actually. Shortly after that --  
6 and again, it's difficult with the time -- there were --  
7 I noticed there were some emergency people there.  
8 I think there was a policeman, I seem to remember  
9 a policeman being on-site, and the fire people were  
10 on-site, and round about that time there was what  
11 I would, you know, regard as a gaggle going on and  
12 Peter Holden was in there and, shortly after that, it  
13 was -- Peter made a clear statement. He got up in front  
14 of the arch, in the courtyard, put his arms up and  
15 says -- and actually said, "One moment, please. We've  
16 discussed this and I will take charge of the medical  
17 personnel and what we're doing", and from that moment  
18 onwards, we organised -- we were organised into this  
19 field hospital type of arrangement.

20 Q. Can I ask you two questions in relation to that first  
21 period, though? As you were walking around seeing what  
22 the nature and the state of the injuries were, trying to  
23 tend to the casualties, may we presume that there was  
24 very little that you were, in fact, able to do because,  
25 at that stage, there was very little or no equipment?

1 A. I think I would answer that in two ways. There was very  
2 little medically that we could do in terms of providing  
3 immediate care, but there was a lot that we did or could  
4 have done on a human basis, supporting and recognising  
5 and providing reassurance and general support.

6 Q. The second question is this: do you specifically  
7 recollect there being a time when, not just personnel  
8 appeared, but equipment appeared in the courtyard which  
9 could then be utilised by all the staff and the doctors  
10 who were trying to carry out this exercise of  
11 assistance?

12 A. There was a long time, it felt -- I mean, it is  
13 difficult with the passage of time, but it felt like  
14 a long time before sufficient equipment had arrived, and  
15 by "equipment", I think we're talking about fluids, the  
16 sorts of things that have been referred to this morning.  
17 There was a trickle. Then there was a gap. And  
18 then things arrived.

19 Q. I'd like to ask you, please, if I may, about one  
20 particular man, whom we know was Sam Ly, who had  
21 sustained very severe injuries to his right shoulder and  
22 chest.

23 How did you come to start looking after him, because  
24 we know from your statement he's one of the people that  
25 you tended to?



1 A. My recollection is it was when we needed to -- somebody  
2 needed to be moved, and it was him, and I was around and  
3 helped lift the table with him on it towards the back of  
4 the courtyard.

5 Q. Was that when he was moved up to the Hastings room or  
6 moved within the courtyard?

7 A. No, I think he was moved back within the courtyard  
8 before he went into the Hastings room and there was some  
9 time between those two things.

10 Q. As you moved him, do you recollect whether or not  
11 anybody had inserted a cannula at that stage?

12 A. My recollection is that, if there was a cannula  
13 inserted -- and it is difficult to remember -- it wasn't  
14 until he had been moved, but I might --

15 Q. Within the courtyard?

16 A. Within the courtyard, yes.

17 Q. As the time passed, other doctors, not just yourself,  
18 came and went, and one of them, it seems from the  
19 evidence, inserted a cannula and provided a drip.

20 A. There was definitely a drip, so there must have been  
21 a cannula.

22 Q. But you can't recollect who that was?

23 A. I can't remember exactly who that was.

24 Q. You may have seen the evidence this morning from  
25 Mrs Ashford, or Jessica Green as she then was, who also

1 attended to Sam Ly. Do you recall there being an  
2 ambulance woman there helping?

3 A. I actually remember Jess very well, from her -- when she  
4 arrived today, I recognised her, so, yes.

5 Q. During that time that you remained in the courtyard, can  
6 you recall whether or not there was any change in  
7 Sam Ly's condition?

8 A. Yes, he -- I was worried about Sam from the moment  
9 I arrived, and --

10 Q. Why?

11 A. I looked at his shoulder injury and his general state  
12 and I felt that he needed to be prioritised and we just  
13 started up the prioritisation arrangements.

14 Q. This was the process that Dr Holden had put into place?

15 A. Exactly. And I do remember saying to Dr Dunn, who was  
16 there before I was, "I'm concerned about him", and we  
17 agreed that we were both concerned about him.

18 So from the first time I saw him, he was in not  
19 a very good way.

20 Q. Can I just press you about that?

21 A. Yes.

22 Q. Because her Ladyship, of course, has heard evidence that  
23 he was conscious, he was talking, he was alert.

24 A. Yes.

25 Q. He was able to conduct quite an extensive conversation

1 with Jessica Green and, although he had very severe  
2 injuries to his shoulder and his chest area, it didn't  
3 seem as if there were visible injuries or very severe  
4 injuries to the rest of his body. What was it about him  
5 that led you and Dr Dunn to be concerned about his  
6 prioritisation?

7 A. Well, I don't think it was as clear as that. I think he  
8 was talking, but he was talking in that comfort --  
9 responding to comfort questions, and I think there's  
10 a difference between that and spontaneous talking, which  
11 might be how you'd think it was, and so I think this was  
12 responding rather than talking.

13 It was not -- it was not appropriate, what was being  
14 said, but more than anything -- and I think someone has  
15 said this -- he was also quiet and he got quieter for  
16 a period and I think it was when he got quieter,  
17 combined with the injury, that that began to raise alarm  
18 bells.

19 Q. Did you suspect some sort of head injury?

20 A. It was difficult to ascertain how much of a head injury  
21 there was, but I looked at that shoulder and it extended  
22 up to the -- beyond the shoulder line, and that was good  
23 enough for me, so I wanted to make sure that he was  
24 taken note of.

25 Q. You assisted, you've told us, in moving him then. Did

1 you also assist in moving him into the Hastings room?

2 A. I did.

3 Q. We know that you can remember the muffled explosion of  
4 the controlled explosion that took place, we know, at  
5 10.43.

6 A. I do remember the muffled --

7 Q. Yes, we know you did because it's referred to in your  
8 statement.

9 A. Sorry, I thought you said -- yes.

10 Q. Do you recall when Sam Ly was moved to the Hastings room  
11 and then subsequently to the ambulance by reference to  
12 that explosion?

13 A. No.

14 Q. All right.

15 A. My memory is different. My memory is that people were  
16 moved to the back of the courtyard when the notice about  
17 the controlled explosion was going to happen.

18 Q. Sam Ly was, therefore, still in the courtyard?

19 A. And Sam was there, but at the back. When you look at  
20 the courtyard, it's not a huge place, and if you go to  
21 the back of the courtyard, you're virtually next to the  
22 Hastings room.

23 Q. It was after that that he was then moved?

24 A. It was after that he was moved again.

25 Q. From knowledge of the time at which he arrived at

1 hospital, it would seem, then, that he wasn't in the  
2 Hastings room for very long after that. Would that  
3 accord with your recollection?

4 A. That would make sense to me, yes.

5 Q. In the Hastings room, do you recollect any further  
6 assessment of his condition or the application of any  
7 further medical treatment, such as an additional drip,  
8 whilst he was in there?

9 A. One thing I know is that he needed fluids and the fluids  
10 that were in the Hastings room when they came on-line  
11 only became available when they came on-line and there  
12 was a period, I think, I'm certain, when we needed more  
13 fluids and they weren't there. So I think what happened  
14 in the Hastings room was he got more fluids.

15 Q. When you say he needed more fluids, was it a question of  
16 the initial cannula and drip, the bag which had been  
17 inserted, running out or was it a question that it  
18 needed more or what?

19 A. I understand. It was running low.

20 Q. It was running low?

21 A. Yes, you could see that we needed more fluid in the line  
22 and there are only two ways of getting more fluid in:  
23 run it through the same line or put up another line.

24 Q. Was there an interregnum, a gap, during which time there  
25 was no fluid in the line, do you recollect?

1 A. I don't think there was a time when there was no fluid,  
2 but we were concerned there would be, and, well --

3 Q. It became available, and that particular concern passed?

4 A. It became available, and I think there was a time when  
5 the ambulance crews had arrived and were also doing  
6 their assessment when we said "We need more fluids".

7 Q. Do you know a doctor called Dr Kieran Walsh by any  
8 chance?

9 A. Only because of the association of --

10 Q. All right. Do you recollect somebody trying to insert,  
11 or indeed inserting, another line in the Hastings room?

12 A. I hadn't recollected it until -- until today.

13 Q. Sam Ly we know was taken away from the BMA building by  
14 ambulance, as I've said, shortly before 11.00. After he  
15 departed, was that when you went and looked, perhaps in  
16 more detail, at the scene around the bus for the first  
17 time?

18 A. No. I know in my statement it looks like that, but  
19 actually, I looked at the bus twice, once briefly on my  
20 way towards my office right at the beginning, and then  
21 went back again at that time.

22 Q. In fact, the question was: did you, at this stage, look  
23 in detail for the first time at the scene?

24 A. Okay, yes.

25 Q. On this occasion, were you able to see something of the

1 location of people lying on the ground in the near  
2 vicinity of the bus?  
3 A. Yes.  
4 Q. In particular, I want to ask you about one person whom  
5 you were able to see, according to your statement,  
6 underneath the black taxi, which we know was towards the  
7 rear of the bus.  
8 Are you able to say how far that person lay  
9 underneath the taxi as opposed to alongside the taxi, or  
10 can you not say?  
11 A. You mean how much of --  
12 Q. How much of their body was underneath?  
13 A. How much of their body was exposed and how much --  
14 Q. Precisely.  
15 A. I think I saw from the waist down.  
16 Q. So the waist down was exposed?  
17 A. I believe so.  
18 Q. The top half of the body you thought was under the taxi?  
19 A. That's my recollection.  
20 Q. That person was visible to you from the BMA building?  
21 A. Yes.  
22 Q. Are you able to say whether or not the body that you saw  
23 was to the front or to the rear of the taxi -- let me  
24 finish -- near the wheels or in the middle?  
25 A. I think it was near the wheels.

1 Q. Were you also able to see emergency personnel and  
2 helpers and rescuers in that area or was there nobody  
3 else around the body?

4 A. After that, on that occasion when I looked in detail,  
5 I don't recall seeing people, but it was some time  
6 after.

7 Q. You also, no doubt, looked at the bus --

8 A. Yes.

9 Q. -- and you saw, sadly, further people lying in the  
10 shattered remains of the bus?

11 A. Yes.

12 Q. Did you continue to assist, with your medical expertise,  
13 the casualties who had been brought into the BMA  
14 building after that?

15 A. Yes. One of the reasons I was up there the second time  
16 was there was a need for paper and pens and --

17 Q. Was this for the purposes of prioritisation and triage?

18 A. -- recording things and prioritising, so there was  
19 a hunt on, so I went back up to where I knew there would  
20 be papers and pens, and that's how it was I went up  
21 there and, yes, came down and we carried on.

22 Q. There's a codicil in your statement because, was it the  
23 case that, once the people who had been treated from  
24 within the BMA, the more seriously injured who had been  
25 brought in at the beginning, once they had been treated



1 and had left or departed, further walking wounded were  
2 then brought into the building from elsewhere, in  
3 particular the County Hotel?

4 A. Yes.

5 Q. Were they then also treated by you and your colleagues?

6 A. Yes.

7 Q. One final question in relation to Sam Ly, if I may. You  
8 were obviously concerned about the time elapsing and the  
9 need for him to be removed as soon as possible, hence  
10 the prioritisation, and you were obviously concerned  
11 that the drip would run low, although, ultimately,  
12 further fluids were provided.

13 Do you think, by your visible examination of Sam Ly,  
14 that the time that he spent in the BMA building had an  
15 adverse effect on his condition, by which I mean, could  
16 you see him, in your mind, visibly deteriorate in a way  
17 consistent with having spent too long there before being  
18 taken to hospital, or did his status, obviously very  
19 seriously injured as he was, remain relatively static?

20 A. I think it was pretty static, and I think also with  
21 regards to the question on duration and sort of the  
22 understanding of what I understood, I don't think I was  
23 feeling that this was the wrong thing, that we hadn't  
24 received the emergency care and supplies. It just was,  
25 and it was just how it was. And we understood, I think,

1 that it was pretty chaotic beyond the building.  
2 So it wasn't a judgment call; it was a description  
3 of how things were that I gave you in my statement, and  
4 I think things were pretty flat, and we were trying to  
5 prevent them getting worse, and that's why the concern  
6 about the fluids. It was worrying about him getting  
7 worse.

8 So while he was there and while we had fluids,  
9 I think we wanted to get him away as quickly as possible  
10 but we were maintaining him at that level.

11 Q. You were concerned at a future contingent event that  
12 didn't, in fact, come to pass because he did receive  
13 fluids --

14 A. Yes.

15 Q. -- and he was taken away as the first priority?

16 A. Yes, yes.

17 MR KEITH: Doctor, thank you very much. Those are all the  
18 questions I have for you, but there may be some more  
19 from my colleagues.

20 LADY JUSTICE HALLETT: Could I just ask a question, Doctor,  
21 before Mr Coltart?

22 A. Yes.

23 LADY JUSTICE HALLETT: You mentioned when the ambulance crew  
24 arrived -- by this time, we've got Dr Holden, as it  
25 were, in overall charge of the medics. The ambulance

1 crew arrived, and you said they did their own  
2 assessment. Can you remember what happened at that  
3 stage?

4 A. No, I can't. I think all I remember is uniformed  
5 ambulance personnel going around and I can't remember  
6 whether they were alone or with Peter or anyone else,  
7 but it wasn't that we had eight people and everyone was  
8 in their set positions. There was a lot of activity  
9 between the victims.

10 LADY JUSTICE HALLETT: As far as you can recall, by the time  
11 the ambulance crew arrived, the ambulance crew that was  
12 going to take people away, or the ambulance crews, had  
13 Dr Holden organised the prioritisation of these  
14 seriously injured patients?

15 A. Yes, to the best of my knowledge, they were organised in  
16 priority before the ambulance crews arrived at the rear.

17 LADY JUSTICE HALLETT: So when the ambulance crews arrived  
18 at the rear, then essentially everyone should have been  
19 ready to go?

20 A. That would be my understanding and, also, we'd had the  
21 HEMS doctors at the same -- in that sort of interregnum  
22 as well, and they'd done a joint prioritisation, so it  
23 was all set up for people to go.

24 LADY JUSTICE HALLETT: Did you get the feeling that, as soon  
25 as the crews arrived at the back of the BMA, they did

1 just go or did you get the feeling there was any delay  
2 after they had arrived?  
3 A. This delay thing is really difficult to judge --  
4 LADY JUSTICE HALLETT: I appreciate that.  
5 A. -- and my feeling is they worked as quickly as they  
6 could have done under the circumstances.  
7 LADY JUSTICE HALLETT: Thank you.  
8 Right, Mr Coltart, are you going?  
9 Questions by MR COLTART  
10 MR COLTART: I am, thank you.  
11 Doctor, I think you were in court this morning when  
12 Jessica Green gave her evidence and you will have seen  
13 and heard reference to the calls which were made by  
14 certain ambulance crews back to headquarters about  
15 a lack of fluids and this is what the doctors were  
16 requesting.  
17 You've told us that there was initially some fluid  
18 available, I think, presumably from the ambulances which  
19 had attended initially, but that then there came a time  
20 when that fluid ran out and there was this period of  
21 time when you had no fluid available to you.  
22 Have I understood that correctly?  
23 A. More or less. The fluid hadn't run out in the patients.  
24 The fluid supplies had run out, is my recollection, and  
25 we were waiting for fresh supplies to come in.

1 Q. I see. So the backup, as it were, had run out. You  
2 were down to your last stocks?

3 A. There was very little backup because there was only  
4 a limited supply in the first place, and it was being  
5 used. So we needed more fluids to come on-line, and we  
6 were waiting for them, and certainly I was quite clear  
7 about the fact that we needed to have them.

8 Q. But is it the case, so that we're quite clear about  
9 this, that there was never a time when there were  
10 patients who, in your assessment, needed fluids but who  
11 did not have access to any fluids?

12 A. I believed that those that needed them most got them.  
13 I wasn't looking -- I wasn't in a position to make  
14 judgments about patients that I wasn't with, so I can't  
15 really answer that question to that extent.

16 Q. But you weren't aware of any discussion or conversation  
17 in the courtyard or elsewhere within the building to  
18 suggest that there were patients who needed supplies  
19 which weren't then and there available?

20 A. I honestly don't remember specific conversations, but  
21 there was a buzz going round about the need for fluids,  
22 without doubt.

23 Q. We know that this field hospital, in the end, operated  
24 for over an hour before the second wave of ambulances  
25 arrived. Was there any other equipment? I mean,

1 leaving aside fluids, and we've heard reference to  
2 collars, spinal collars, was there any other equipment  
3 which, in an ideal world, you would have had available  
4 to you in that period but you didn't have because of the  
5 circumstances you were in?

6 A. I think even basic things like stethoscopes, to be  
7 honest, would have been helpful at the time, and you  
8 would have thought we would all be carrying them around  
9 with us, but we don't, and so there were some basic  
10 items that you would use -- I mean, I'm a GP -- but  
11 obviously you would have available in an appropriate  
12 setting, and even in a field hospital, that we didn't  
13 have, for obvious reasons.

14 Q. Just finally this: you've told Mr Keith about the view  
15 which you had from the window of the bus later on, after  
16 the evacuation has been completed. Am I right in  
17 thinking that you were able to see the side of the bus  
18 which was nearest the BMA building --

19 A. Yes.

20 Q. -- but that the far side of the bus, that view would  
21 have been obscured to you?

22 A. Right.

23 Q. So it would have been impossible for you to see people  
24 who were on the other side of the bus?

25 A. I'm afraid so, yes.

1 MR COLTART: That's very helpful. Thank you very much.

2 LADY JUSTICE HALLETT: Ms Gallagher?

3 Questions by MS GALLAGHER

4 MS GALLAGHER: Dr Drage, just one very brief matter. You've  
5 described how, when you came down to the courtyard, you  
6 were seeing casualties just beginning to be brought into  
7 the courtyard on these makeshift stretchers. You  
8 haven't referred to it in evidence today, but in your  
9 statement -- it's page 2, my Lady -- you recall looking  
10 towards the archway leading into Tavistock Square and  
11 seeing -- I'm quoting from your statement:

12 "I saw on the left-hand side, just inside the  
13 curtilage of the building, a torso lying on the ground.  
14 The torso was supine, missing its head and all limbs."

15 I appreciate you refer to this just before you say,  
16 very understandably, in your statement:

17 "Events are confused as to when and in what order  
18 they occurred ..."

19 But could you see if you can assist us with this:  
20 firstly, do you recall roughly when you first noticed  
21 the torso?

22 A. It was before the announcement from Peter.

23 Q. You go on to say in your statement, Dr Drage, that:

24 "At some stage, this was covered with a blanket."

25 I represent the family of Miriam Hyman, as you may

1 have heard if you were in court earlier, and we  
2 understand that Miriam Hyman was covered at the same  
3 time that the torso of Hasib Hussain was covered. We've  
4 had some difficulty establishing when that was.

5 Do you recall at what stage you realised it had been  
6 covered or how much time had passed between you first  
7 noticing it and then noticing it had been covered?

8 A. I'm not sure that I saw it being covered, so I think my  
9 recollection is that it was covered and that's as much  
10 as I know.

11 Q. So you just recall it seeing it at a later stage and it  
12 was covered by then. You can't assist us with when?

13 A. No, when I saw it, before Peter made his announcement,  
14 my recollection is it was covered.

15 Q. It was covered at that point?

16 A. That's my recollection.

17 Q. It's just that in your statement you obviously describe  
18 it being -- you describe it.

19 A. Yes.

20 Q. From the photographs which we've seen -- I'm not going  
21 to bring them up again -- we can see it was covered in  
22 its entirety.

23 A. But you could tell that this was a headless -- you could  
24 tell from the shape of the bundle, if you like, that  
25 that was how it was.



1 Q. So your description of the torso being supine, missing  
2 its head and all its limbs, you think is just based on  
3 you seeing a blue shape?

4 A. I think that -- yes.

5 MS GALLAGHER: I've nothing further, Dr Drage, thank you.

6 MR SAUNDERS: Nothing, thank you, my Lady.

7 LADY JUSTICE HALLETT: Ms Sheff?

8 Questions by MS SHEFF

9 MS SHEFF: Dr Drage, you were there for a meeting with other  
10 doctors inside the BMA building. Then, after the blast,  
11 you split up and you saw them again outside, you saw  
12 some of them outside, Dr Holden, Dr Dunn.

13 A. Outside in the courtyard?

14 Q. In the courtyard, yes, when you were also there.

15 A. Yes.

16 Q. Yes. What about the other doctors that you were with,  
17 Dr Buckman, Dr Church and Dr Ward, were they also  
18 outside?

19 A. Dr Buckman was outside. I was with him and one of the  
20 victims for some time as well. Dr Church was a bit like  
21 me. She was going between different people and seeing  
22 what we could do to help in general as well as on the  
23 specifics. I don't recall seeing Malcolm Ward  
24 downstairs in the courtyard.

25 Q. Right, but just from the doctors at your meeting?

1 A. Yes.

2 Q. Virtually all six of you, then, were outside helping?

3 A. Yes.

4 Q. Was that an entirely voluntary decision of you all to go  
5 out and help?

6 A. Yes.

7 Q. Do you know Dr Julia Phillips?

8 A. I didn't know -- I've got no recollection of her and  
9 I didn't know her before.

10 Q. I don't think we know what she was wearing, but she was  
11 also a doctor who was outside at the scene. But you  
12 have no recollection of what her role or her duties  
13 would have been?

14 A. Difficult to match up -- it's difficult: (a) to match up  
15 names with people whom you're not familiar with; and (b)  
16 in the context that there were more people than just the  
17 six of us for some of the time; and, thirdly, we didn't  
18 have duties. So that -- the duties suggest that we were  
19 working as an organised group at that point and I don't  
20 think, even when we were being organised, we were in  
21 that mode. We were doing our best at the time with what  
22 we had.

23 Q. You describe it as a field hospital, something like the  
24 MASH programme that we've seen on TV?

25 A. That was the buzz at the time and afterwards, but if you

1 can imagine it, yes, the field hospital concept was  
2 about the way people were moved and looked after. So  
3 there was a logical progression from the front to the  
4 middle to the back and out. There was some sort of  
5 Command and Control through Peter about prioritisation  
6 and resources, and so that, to us, with nothing else  
7 other than what we had, made it feel like a field  
8 hospital in battle, that was the kind of analogy.

9 Q. Yes, and that was the way that you were most effective,  
10 presumably, in dealing with those who could be helped  
11 and who were most saveable?

12 A. Yes.

13 Q. The reason why I ask you about Dr Phillips is because  
14 I represent the family of Giles Hart who may well have  
15 been the body that you saw under the taxi. We know, you  
16 see, there were two bodies under a taxi, the same taxi,  
17 but under at different times.

18 Dr Phillips checked the pulse of a male with grey  
19 hair who was beside a taxi.

20 Now, we know that you went around checking the  
21 casualties. Was anybody given a specific duty of  
22 checking the deceased, checking who was beyond help?

23 A. Within the courtyard?

24 Q. Well, both within the courtyard and outside.

25 A. I can't comment on what happened outside, I have no

1 idea, apart from when I looked, as to what was going on  
2 outside.

3 The deceased -- the checking to see if anyone was  
4 deceased had already happened when the prioritisation  
5 went through, because it's the nature of prioritisation  
6 that, if you have someone that you've checked and they  
7 are deceased, then they're not prioritised.

8 Q. But would there have been one person who went round  
9 checking who was beyond help, when Dr Holden gave out  
10 his instructions?

11 A. My impression at the time was that Peter was doing that  
12 and it was Peter, for example, with Sam, it was Peter  
13 that we called over to make sure that he was a P1 and,  
14 as we'd assessed it, we didn't know what priority he  
15 was, and Peter came across and he said, "Yes, he's  
16 definitely a P1". So that process went on. It wasn't  
17 one-off and it wasn't without review. But if you  
18 weren't alive, you weren't alive.

19 Q. Would Peter Holden have reviewed your assessment of  
20 whether somebody --

21 A. Peter, did --

22 Q. -- was not alive?

23 A. -- yes. Peter definitely did, because we called him  
24 over to do just that.

25 Q. So he assessed everybody at the scene?

1 A. He assessed -- as far as I can recall, he assessed -- he  
2 certainly assessed Sam and I recall him going round,  
3 having already assessed, and reassessing where  
4 necessary.

5 MR KEITH: I'm sorry to rise to my feet. Ms Sheff has asked  
6 did he assess everybody at the scene, but in light of  
7 the witness's earlier answer, that must be read subject  
8 to her earlier answer which is that she had no idea of  
9 what happened outside --

10 A. Quite so.

11 MR KEITH: -- and I hope Ms Sheff understands that.

12 MS SHEFF: Yes, thank you.

13 LADY JUSTICE HALLETT: As far as you recall, he assessed and  
14 reassessed everyone in the courtyard?

15 A. Yes, my reference point is within the courtyard.

16 MS SHEFF: Yes, thank you. When you heard him giving out  
17 his directions, did you hear him give out any orders to  
18 anybody to assess people outside of the courtyard --

19 A. No.

20 Q. -- and see whether they were saveable or not?

21 A. No, and my recollection is that Peter took control of  
22 the scene within the courtyard. That was what he said  
23 he was doing and that was -- to the best of my  
24 knowledge, that was the limit. We were all too busy  
25 with the people that were in the courtyard and the

1 arrivals coming on from the emergency services.

2 I think beyond the courtyard was dealt with by  
3 whoever was out there at the time and the emergency  
4 services, when they came, and --

5 Q. Other doctors?

6 A. -- other doctors and emergency services. They liaised  
7 with Peter, I'm sure, but I'm pretty convinced he wasn't  
8 taking control of what was going on outside.

9 Q. Would you have been aware of which doctors were outside  
10 of the courtyard doing those duties?

11 A. I don't think -- I don't know that those duties were  
12 being done outside the courtyard. I only know what was  
13 being done inside. What I was aware of was that there  
14 were doctors who were outside and some of them came  
15 inside the courtyard. But I, at the time, had no  
16 knowledge of what was going on outside other than there  
17 had been an explosion.

18 Q. So by that answer, I think you probably can't help us as  
19 to --

20 A. Sorry.

21 Q. -- what happened to those who were assessed as deceased  
22 outside of the courtyard?

23 A. No, I can't, I can't.

24 Q. You don't know whether they remained in situ or whether  
25 they were covered up, anything of that nature, or did

1 you speak to the other doctors and find out?

2 A. It wasn't that straightforward, but my -- what I know is  
3 what I saw, and what I saw was the torso, as described,  
4 within -- so someone had presumably agreed -- decided to  
5 move. That decision wasn't mine to: (a) be aware of; or  
6 (b) to be involved in.

7 Q. So you saw the two bodies that were covered up, the  
8 torso and the other body. Were you aware of any other  
9 bodies that were covered or being covered?

10 A. Not -- no, just the two within the courtyard.

11 Q. Your view of this body underneath the taxi was from your  
12 office on the third floor, was it?

13 A. No, it was from the route that you take to get from one  
14 office to the other. In fact --

15 Q. Which floor was that on?

16 A. -- it was adjacent. I qualify that. In order to get to  
17 that route, you have to pass what was the  
18 consultant's -- we're the GPs' office, this would have  
19 been the consultants' office, you go through the door  
20 and you can see right on to the front.

21 So, in effect, parallel to my other office is where  
22 the consultants' office is, or adjacent rather than  
23 parallel.

24 Q. Which floor would that have been on?

25 A. The third floor. So you can see over the top of the

1 bus.

2 Q. From that distance, were you able to assess the gender  
3 of the body?

4 A. No.

5 Q. We know, as you said, the head and upper part of the  
6 body was underneath?

7 A. It was -- you could not tell that to that degree.

8 Q. Were you able to see whether the body had all the limbs  
9 present?

10 A. I saw a waist and below. I couldn't see above the  
11 waist.

12 Q. What about the legs?

13 A. I saw legs attached. It's what I'm saying, I saw --

14 Q. You saw two legs?

15 A. I saw what is, in effect, half a body. It was intact.

16 Q. You think it was intact?

17 A. That's what I think I saw.

18 Q. You didn't see anybody treating this person?

19 A. No, because this was some time later when I looked at  
20 that in detail.

21 Q. Did you see that body again at any time?

22 A. No.

23 Q. Did you go outside again after that?

24 A. I didn't go outside the BMA building, so everywhere  
25 I was was within the confines of the BMA building in the



1 courtyard.

2 Q. So the furthest that you went was in the courtyard after  
3 that?

4 A. Yes.

5 MS SHEFF: Thank you very much.

6 LADY JUSTICE HALLETT: Any other questions for the doctor?

7 Dr Drage, even for those of you who are medically  
8 qualified, I know it must have been an horrific day.

9 There are an awful lot of people who have every reason  
10 to be grateful to you. Thank you very much.

11 A. Thank you.

12 MR KEITH: My Lady, before I invite you to call the forensic  
13 scene examiner, Christopher Davison, may I just read out  
14 two short statements from the reading list for the day  
15 because they deal with events inside the courtyard  
16 before we turn to a different subject?

17 The first is Nadene Conway, whose statement is dated  
18 7 September 2005 and it reads as follows.

19 Statement of MS NADENE CONWAY read

20 "I am a paramedic employed by London Ambulance  
21 Service. I have been a fully qualified paramedic for  
22 two years but have worked for the London Ambulance  
23 Service for the last six years."

24 She then, my Lady goes on to describe the first  
25 call-out on the morning of Thursday, the 7th, of which

1 we heard from Jessica Ashford, and so, taking up the  
2 narrative in the bottom half of the page:  
3 "Once the patient was transferred, Jessica Green was  
4 completing a patient report form. I went and bought  
5 [her] some tea. On returning to the vehicle, I became  
6 aware via the radio that there were explosions or  
7 incidents at Tube stations. As a result, we indicated  
8 to our Control that we were available to assist. This  
9 was done via an electronic system, MDT, the mobile data  
10 terminal.  
11 "When we are at hospital, our status is called red  
12 moving, we are not available to deal with calls.  
13 However, once we are available, we alert our Control  
14 through both the MDT system and via our radio system  
15 that we are green and ready to be deployed.  
16 "At 9.49 we were deployed to attend a rendezvous  
17 point at Bernard Street near to Russell Square Tube  
18 station. We travelled from University College Hospital  
19 towards the RVP. Initially, I was directed by the  
20 mobile data terminal system and my crew mate,  
21 Jessica Green. It was quite difficult as there were  
22 a number of road closures. I was using my sirens and  
23 flashing blue lights. I cannot remember what roads  
24 I went on. However, I do remember at some stage driving  
25 up Tavistock Place. As we got to the junction from

1 Tavistock Square, [my Lady, that would be, therefore,  
2 from the east] I saw a police officer on a cordon. He  
3 pulled the tape on the cordon down and ..."

4 Then I'm afraid the syntax has disappeared but  
5 presumably the police officer told her to drive into  
6 Tavistock Square:

7 "On looking down Tavistock Square, I saw a red  
8 double decker bus with a roof missing. We spoke to the  
9 police officer and explained that we were trying to get  
10 to the Russell Square rendezvous point. The reason for  
11 this was I was aware that there were a number of  
12 incidents and we had been assigned to the RVP at  
13 Russell Square. I did not realise the seriousness of  
14 the incident at Tavistock Square and was not sure  
15 whether other London Ambulance Service units had been  
16 assigned and were dealing as a result, and attempted to  
17 locate our Control to seek clarification.

18 "We were unable to get through to our Control, so  
19 I decided to drive round the block and entered  
20 Upper Woburn Place via Euston Road. We approached the  
21 bus and stopped in Upper Woburn Place about 100 yards  
22 from the rear of the bus directly by a cordon.

23 "Jessica Green was on the radio and eventually got  
24 through to Control, I believe. I remember two people  
25 who I assume were police officers as they had radios.

1 They informed me that they needed medical equipment  
2 urgently and pointed towards the bus. We then got out  
3 and collected a trolley bed from the rear of the  
4 ambulance. We loaded the trolley bed with as much  
5 equipment as we could and went towards the bus.  
6 I approached the bus from the rear. I could see an  
7 apparent lifeless body with no legs, just a head and  
8 torso. This was on the roadway just a few feet behind  
9 the bus. To the left of the body was another apparently  
10 lifeless body which had massive head injuries and  
11 a compound fracture to one leg. I cannot recall seeing  
12 the other leg.  
13 "I then became aware of a number of casualties.  
14 I saw two members of which I presumed were a private  
15 Ambulance Service. They were in uniform. One was male  
16 and the other was female. They had one oxygen cylinder  
17 with them. They were people who I later discovered were  
18 doctors from the BMA treating casualties on the pavement  
19 outside the BMA building.  
20 "I then approached a fireman who was half in and  
21 half out of the bus. We had a conversation in which he  
22 explained to me that there were no live casualties on  
23 the bus that needed medical attention from me.  
24 "After this, I ran to my ambulance in order to  
25 update Control and request more resources."

1 My Lady, that may, we think, have been the call at  
2 10.05 on page 54 of LAS565.  
3 "I then returned to the scene and liaised with  
4 doctors who were treating a number of injured people.  
5 I provided medical equipment that was requested and  
6 which I handed to the doctors. I did not treat any one  
7 individual patient. I did not go into the bus at any  
8 stage.  
9 "At some stage, we were asked to move all the live  
10 casualties into the courtyard in the BMA building as  
11 there was a concern about a secondary device. I believe  
12 a controlled explosion was conducted. I was aware that  
13 casualties were being treated both in the courtyard and  
14 in a room within the BMA building. We did not transport  
15 any casualties to hospital. The casualties were  
16 transported by other ambulances. A few hours later, we  
17 were stood down by our Control and told to go to the  
18 rendezvous point in Russell Square and, when we arrived,  
19 one of the ambulance officers directed us to Millwall  
20 Football Club in order that we attended a debrief."  
21 Then later they return to their base at Edmonton.  
22 The second statement my Lady in relation to the  
23 events in the BMA building is that of Kieran Walsh, who  
24 was a clinical editor of the British Medical Journal and  
25 his statement is dated 9 November 2005.

1 If I may pick up the narrative from the bottom of  
2 the page.  
3 Statement of DR KIERAN WALSH read  
4 "On Thursday, 7 July, I was working in an office  
5 situated on the third floor of BMA House when I heard  
6 a bang. It was around 8 minutes to 10 in the morning.  
7 Upon hearing the bang, I thought, for some reason, that  
8 it sounded like a bomb and, at around the time I thought  
9 this, I am sure someone said the same.  
10 "The bang sounded as if it had come from outside the  
11 front of the BMA House, so I went downstairs and out of  
12 the main entrance to BMA House, which is in  
13 Tavistock Square, to see what had happened.  
14 "Upon exiting the building, I saw a double decker  
15 bus in the street, more outside Charles Dickens' house,  
16 with the top blown off. I immediately saw five bodies  
17 on the ground of people that were dead and six or seven  
18 injured persons.  
19 "I also noticed a black Jag or Mercedes car that was  
20 brand new and empty outside my building that had a large  
21 lump of flesh on the windscreen. From what I initially  
22 saw, my thoughts about a bomb exploding were, in my  
23 mind, confirmed.  
24 "Out of the six or seven injured persons I saw, one  
25 of them was walking wounded. The rest were unable to

1 move and were severely injured. The walking wounded  
2 person I have made reference to was a black girl who had  
3 black hair and who may have been wearing denim. She  
4 looked uninjured. I noticed that there were already  
5 about six doctors that I recognised from the BMA outside  
6 and already helping. I saw Andrew Dearden and  
7 Mohib Khan, who I recognised fully. I do not recall the  
8 names of the other doctors that I saw, but recognised  
9 them partially from my time working within BMA House.  
10 "I went and did my best to help people and know that  
11 I helped a number of people that I can no longer recall,  
12 but I do recall the following.  
13 "The black girl that I referred to earlier, as  
14 I said, was walking wounded. I helped her over to  
15 a telephone box that is no longer there as it has been  
16 taken away. I don't know her name, I cannot recall if  
17 she told me it or not. I did not stay with her anyway.  
18 I left her there with two men and went back to help  
19 others.  
20 "Shortly after this, I recall somebody saying that  
21 there may be another bomb on the bus and of people being  
22 told to move people into the courtyard situated within  
23 the grounds of BMA House. There were no trolleys  
24 available and the ambulances had not got through at this  
25 time, so a number of people and I went and got foldup

1 desks from within BMA House to use as trolleys to move  
2 the injured on.

3 "Initially, I assisted to carry people on the foldup  
4 desks through to the door to the courtyard. However, we  
5 were then told to move them back again further into  
6 BMA House grounds. From recollection, I recall there  
7 being about 12 or 14 injured people that got moved in  
8 this way. About 10 of them were lying down and unable  
9 to move at their own will. Four-ish of these people had  
10 scalp injuries that were bleeding. It started to rain  
11 and, as the courtyard area was open, the injured people  
12 started to get moved into Hastings room.

13 "At around this time, I noticed that medics on  
14 motorcycles, juniors, had arrived. They were there  
15 pretty soon. I believe the first injured person was  
16 placed into an ambulance at about 11.15 am and that all  
17 of the injured persons in the Hastings room had pretty  
18 much gone off to hospitals in ambulances by around  
19 midday."

20 My Lady, of course that must be subject to the  
21 evidence my Lady has already heard about Mr Sam Ly:

22 "Whilst in the Hastings room, I helped people from  
23 the London Ambulance Service prepare the injured people  
24 before they were taken to hospital. When I say  
25 'prepare' I mean assist them to get the injured people



1 as comfortable as possible prior to their  
2 transportation.

3 "I recall putting cannulas into one or two people so  
4 that drips could be attached, but I have no clear  
5 recollection of exactly what else I did and when.  
6 I just got on with things.

7 "The only injured person I can clearly recall was  
8 a young Oriental man called Sam. He had multiple  
9 fractures. I recall him because I put a cannula in him.

10 "My only other clear recollections relate to what  
11 I saw in the street before helping the injured. There  
12 was a van parked beside the bus, which again was  
13 abandoned and strewn across the street. I saw five or  
14 six seats that appeared to have come from the bus. In  
15 regards to the bus itself, I saw no one on the lower  
16 deck, but on the top deck I saw a man in half. He was  
17 dead. I also remember a chap in the street handing out  
18 plastic gloves."

19 He then goes on to describe, my Lady, his broad  
20 recollections of the street and his frustration in not  
21 being able to do more than he was and then he concludes,  
22 for our purposes:

23 "After all of the injured persons had been taken to  
24 hospital from the Hastings room, the head of security  
25 for BMA, along with other senior BMA staff, held

1 a debrief which I attended. Upon the conclusion of this  
2 debrief at around 1.00 or 2.00, I left BMA House and  
3 started to walk home."

4 My Lady, the remainder of the statement wouldn't  
5 appear to advance matters much further.

6 LADY JUSTICE HALLETT: Save that he confirms that the  
7 witness who claimed to be a doctor wasn't seen treating  
8 anybody.

9 MR KEITH: My Lady, yes. He says:

10 "I do not recall seeing her doing anything else",  
11 and, indeed, "I did not see her get on to the bus or  
12 administering any first aid ..."

13 LADY JUSTICE HALLETT: Thank you.

14 MR KEITH: Thank you, my Lady. May I invite you to call,  
15 please, Christopher Davison.

16 DC CHRISTOPHER MARK DAVISON (sworn)

17 Questions by MR KEITH

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

20 A. It's Christopher Mark Davison.

21 Q. Mr Davison, in July of 2005, were you a detective  
22 constable employed with the Metropolitan Police Service  
23 and, in particular, as part of their forensic management  
24 team in what was then known as S013, the  
25 Anti-terrorist Branch?

1 A. I was, yes.

2 Q. You were, were you not, the forensic scene examiner for  
3 Tavistock Square?

4 A. Indeed.

5 Q. Could you please assist us and -- in particular, for the  
6 benefit of those members of the families who lost loved  
7 ones at Tavistock Square but who have not heard your  
8 colleagues Messrs Wilson, Meneely and Lane, who  
9 performed similar tasks at the other bombsites --  
10 explain what the role of a forensic scene examiner is?

11 A. Yes, in relation to a bomb scene in particular, our  
12 priorities are laid down by our senior officers and our  
13 standard operating procedures, but in the first  
14 instance, it is to assist with anybody who's still  
15 living. Our second priority is to remove the dead, and  
16 then to gather any evidence and physical exhibits from  
17 the scene.

18 Q. Those are, to some extent, conflicting priorities or  
19 conflicting tasks. They're different tasks at any rate.  
20 Were you and were officers in your team keenly aware  
21 that the priority was, firstly, to check there was no  
22 one alive and then to recover the dead before starting  
23 the very long detailed and complex process of carrying  
24 out a forensic examination?

25 A. Yes, that's right.

1 Q. We have heard how there were other members of the  
2 Metropolitan Police Service known as bomb scene managers  
3 who were also engaged in the process in part of  
4 examination of the scenes. How do they differ from your  
5 own role as a forensic examiner?

6 A. The bomb scene is in, essentially, two parts. You have  
7 an inner cordon where, in this instance, the bus and the  
8 debris was, and that's my area of work. The bomb scene  
9 manager works between that cordon and the outer cordon  
10 and assists in the staffing and logistics around the  
11 bomb scene examination.

12 Q. You were instructed to attend the scene because, as soon  
13 as it became plain that there had been a bomb and  
14 casualties, it was also plain, was it not, that  
15 a criminal investigation would have to be commenced?

16 A. Yes, absolutely.

17 Q. So on your arrival, having donned, no doubt, full  
18 forensic kit -- barrier clothing and the like -- what  
19 was the first thing that you did in terms of making the  
20 scene safe for the attendance of, not only yourself, but  
21 your colleagues?

22 A. When I got there, the explosives officer was still on  
23 the bus. As you say, I got appropriately dressed,  
24 increased the cordons, or the outer cordon, with the  
25 uniform colleagues that were there, and then I went in

1 alone to get a handover from the explosives officer.

2 Q. Did he walk around with you and point out, for our  
3 purposes, a very salient thing, which was the location  
4 of those who had, sadly, died in the blast?

5 A. He did, yes.

6 Q. It was necessary to divide the scene into zones for the  
7 purposes of the subsequent forensic search. In very  
8 broad terms, without giving us the exact location of  
9 each zone, how was the scene divided?

10 A. May I refer to my notes?

11 Q. With my Lady's consent, yes.

12 A. Okay, there was eight zones, the first being the  
13 basement cellars east side of Tavistock Square. Zone 2  
14 was the footpath on the east side of Tavistock Square.  
15 Zone 3 was the roadway, again on the east side. Zone 4  
16 was the areas north of Tavistock Square with the  
17 junction of Upper Woburn Place. Zone 5 was  
18 Upper Woburn Place. Zone 6 was the BMA House. Zone 7  
19 was Endsleigh Place, and zone 8 was the gardens in the  
20 centre of Tavistock Square.

21 Q. To cover those respective zones, were you therefore  
22 required to have quite a substantial number of officers  
23 helping you in that process?

24 A. During the course of the following days, yes.

25 Q. Was one of the first forensic considerations the need to

1 search for explosive traces to try to ascertain the  
2 nature of the explosion and how it had been caused?

3 A. It was and, also, it is done in the very first instance  
4 before any contamination can be brought into the scene  
5 by other officers or emergency services.

6 Q. Did that require someone to go round the scene and take  
7 swabs for the purposes of ascertaining whether or not  
8 there were explosive traces left behind?

9 A. Yes, there was. My colleague was with me by that stage,  
10 DC Mark Reynolds. I'd asked for an expert from the  
11 Forensic Explosives Laboratory to come, which Kim Simpson  
12 in due course came and advised on the appropriate places  
13 to best swab to get those traces of explosives.

14 Q. Swabs were taken, of course, from the bus?

15 A. Yes.

16 Q. We'll hear subsequently from the roof of the bus, but  
17 also from the cars that were in the near vicinity of the  
18 bus?

19 A. That's correct.

20 Q. The Honda, the Jaguar and the Volkswagen Golf?

21 A. That's correct.

22 Q. Then the scene was photographed, is that right, and  
23 videoed?

24 A. Photographed, yes, and videoed.

25 Q. We also know from your statement that further tests were

1 carried out to cover the possibility of radiation  
2 contamination?

3 A. That's correct.

4 Q. That was carried out and there was a negative response?

5 A. There was.

6 Q. Then, having carried out those very urgent preliminary  
7 steps, did you then turn to considering to address the  
8 recovery of the deceased?

9 A. I did, yes.

10 Q. It doesn't need me, of course, to remind you of the need  
11 for enormous sensitivity in this area.

12 A. Indeed.

13 Q. May I confine myself to asking you this question: did  
14 you and your officers at all times treat, as I'm sure  
15 you did, the deceased with the requisite dignity and  
16 respect?

17 A. Absolutely.

18 Q. It is necessarily quite a slow process, is it not, to  
19 recover the deceased because of the need firstly to  
20 ensure that there are no mistakes in terms of  
21 identification and, also -- is this right -- to prevent  
22 further harm being caused to the bodies of the deceased?

23 A. There is that, the prevention of any further harm to the  
24 bodies and obviously the ongoing forensic recovery from  
25 them.

1 Q. So although there was a need to get on with the process  
2 of the recovery, did it have to be carried out  
3 methodically and carefully?

4 A. Yes, it did.

5 Q. So did you start by recovering the bodies of the  
6 deceased from the bus, and then, once that process was  
7 complete, spreading out from the bus into the  
8 surrounding areas?

9 A. That's correct.

10 Q. Is the position this, Officer, that, on 7 July, you  
11 formally recovered into the custody of the  
12 Metropolitan Police the bodies of the following persons:  
13 on 7 July, Anthony Fatayi-Williams, Neetu Jain,  
14 Anat Rosenberg, Shyanu Parathasangary, Philip Russell  
15 and William Wise?

16 A. That's correct.

17 Q. The process continued uninterrupted until 2.30 in the  
18 morning --

19 A. That's correct.

20 Q. -- when, due to lack of light, obviously, and tiredness  
21 and exhaustion on the part of those engaged in this  
22 terrible process, you temporarily ceased until first  
23 light?

24 A. That's correct.

25 Q. Then, commencing immediately at dawn, the process



1 continued with the formal recovery into police custody  
2 of the bodies of Jamie Gordon, Miriam Hyman,  
3 Gladys Wundowa, Marie Hartley, Shahara Islam and  
4 Giles Hart?

5 A. That's correct.

6 Q. During 8 July, did you also, of course, take into formal  
7 police custody the remains of Hussain, whose torso was  
8 found outside the BMA building?

9 A. Yes, I did.

10 Q. Sam Ly, of course, had been removed to hospital and  
11 there was no question, therefore, of recovering his body  
12 from the scene?

13 A. No.

14 Q. Is it fair to say, therefore, that whilst paying due  
15 regard to the need for a careful and methodical  
16 approach, no time was wasted in endeavouring to recover  
17 the bodies of the deceased?

18 A. No, nothing else was done in the first instance.

19 Q. When that process was complete, and particularly on  
20 8 July, had the process of forensic search commenced?

21 A. Yes, it had.

22 Q. A very substantial number of officers were then engaged,  
23 were they not, over the coming days, I think until  
24 18 July --

25 A. That's correct.

1 Q. -- in searching Tavistock Square and all the  
2 environment?

3 A. Yes, that's correct.

4 Q. It included, in fact, removing even two telephone boxes  
5 or two telephone kiosks from the square --

6 A. Yes, it did.

7 Q. -- in their entirety?

8 I want to ask you, please, if I may, about one or  
9 two aspects of the search. On 10 July, which I think  
10 will be page 7 of your witness statement, the search  
11 commenced at 5.35 in the morning. During the course of  
12 that day, did some of your colleagues discover  
13 a provisional driving licence ID card in the name of  
14 Hasib Hussain and a photo card, again in the name of  
15 Hasib Hussain?

16 A. Yes, that's correct.

17 Q. Did they also discover a sports bar access card and  
18 a document which was a notice given by  
19 West Yorkshire Police of an intention to interview?

20 A. That's correct.

21 Q. That material was significant, was it not, because it  
22 provided plain evidence of the presence in the bus of  
23 that man, Hasib Hussain?

24 A. Indeed.

25 Q. The searching continued, as I've said, to the 18th. Was

1 the roof of the bus removed and taken away for

2 a separate examination?

3 A. It was, yes.

4 Q. Then, finally, was the bus taken away at the conclusion  
5 of your search?

6 A. Yes, it was.

7 Q. Was DC Reynolds, from whom we'll hear next week, one of  
8 the exhibits officers then responsible for collating in  
9 part the exhibits that had been discovered at the scene?

10 A. Yes, he was.

11 MR KEITH: Officer, those are all the questions that  
12 I propose to ask you, because, as you'll know well, the  
13 question of recovery is outside scope, but in deference  
14 to the enormous sensitivities her Ladyship has allowed  
15 me to ask you those limited questions. So there I will  
16 leave it. Thank you very much.

17 LADY JUSTICE HALLETT: Mr Coltart?

18 Questions by MR COLTART

19 MR COLTART: Mr Davison, I represent the families of  
20 Philip Russell and Jamie Gordon. All the evidence in  
21 the case suggests that both those young men died  
22 instantly in the explosion. The families of both men  
23 are in court today and I'm sure it's been of assistance  
24 and some comfort to them to understand the procedures  
25 which were undertaken in relation to their loved ones.

1 An issue which has, I know, particularly vexed the  
2 family of Jamie Gordon is the fact that his body was  
3 recovered only the following morning on 8 July. The  
4 position is this, is it not, as Mr Keith has already  
5 outlined during the course of his questions, that the  
6 dynamic of the scene changes dramatically once all the  
7 live casualties have been evacuated and you turn then to  
8 body recovery and evidence collation, is that right?

9 A. That's correct, yes.

10 Q. That becomes, as has been made clear, I think -- and  
11 I don't need to dwell on this in any detail at all --  
12 a painstaking and careful process which necessarily  
13 operates at a relatively slow pace?

14 A. Yes.

15 Q. And that the recovery in relation to each of the bodies  
16 is meticulously performed, for the reasons which have  
17 been articulated, and you worked through, I think,  
18 7 July, until 2.30 the following morning before work was  
19 halted for the night, but you were back there again at  
20 6.00 the next morning?

21 A. That's correct, yes.

22 Q. In fact, the bodies on the bus had all been dealt with  
23 first, which is why you didn't turn to deal with the  
24 body of Mr Gordon until the following morning.

25 A. That's correct.

1 Q. But there could be no suggestion that it was only at  
2 that stage, of course, that his body was observed or  
3 discovered? I mean you knew full well he was there, he  
4 had been identified as one of the deceased at that  
5 stage?

6 A. Yes, that's correct.

7 Q. At that point, the scene, having been secure overnight,  
8 a police cordon all the way round it, no access, of  
9 course, to the public or anything of that nature through  
10 that area, the formal process of body recovery began  
11 again the following morning, on 8 July, when Mr Gordon's  
12 body was recovered in the terms which you've described?

13 A. He was first recovered, in fact.

14 Q. In keeping with all the other bodies which you dealt  
15 with on that awful day, his, too, of course, dealt with  
16 with the greatest possible dignity and respect?

17 A. Undoubtedly, yes.

18 MR COLTART: Thank you very much:

19 LADY JUSTICE HALLETT: Mr Saunders?

20 MR SAUNDERS: Nothing, thank you, my Lady.

21 LADY JUSTICE HALLETT: I am sorry, Ms Gallagher?

22 MS GALLAGHER: My Lady, as we appreciate, this issue is  
23 outside scope, although it's of huge importance to the  
24 families I represent. We're content to discuss any  
25 arising matters privately. We're very grateful to the

1 Metropolitan Police for indicating that they're happy to  
2 do that.

3 LADY JUSTICE HALLETT: Thank you, Ms Gallagher. Ms Sheff?

4 Questions by MS SHEFF

5 MS SHEFF: Just one matter, Officer. The bodies that were  
6 recovered from outside of the bus, had those all been  
7 covered prior to recovery?

8 A. No, they hadn't, and the rationale is that we don't want  
9 to be in a position where we're introducing anything to  
10 the scene until we've been able to do a full forensic  
11 recovery. So there was no access to the scene. It  
12 was -- as has been said, it was cordoned off.

13 Q. It was totally secure?

14 A. It was completely secure, it wasn't overlooked, but, no,  
15 the bodies weren't covered.

16 Q. We know that some bodies had been covered, but that was  
17 by other personnel, not by police officers?

18 A. Well, it happened prior to my arrival, certainly.

19 Q. But from a forensic point of view, it was important to  
20 you not to introduce anything new to the scene and to  
21 the bodies which might have had to be examined for --  
22 perhaps for any explosive residue or anything of that  
23 nature?

24 A. Absolutely.

25 Q. Did you ensure that there was somebody at the scene

1 after you left between 2.30 and 6.30 to prevent any  
2 curious members of the public gaining access to the  
3 scene?

4 A. There were uniform officers encompassing the whole  
5 scene, yes.

6 Q. So nobody could just wander in and take photographs?

7 A. No.

8 MS SHEFF: Thank you very much indeed.

9 LADY JUSTICE HALLETT: Mr Hill, do you have any questions?  
10 It sounds as if those are all the questions we have  
11 for you, Mr Davison. Yours is an essential but terrible  
12 job. I don't know how you do it. Thank you.

13 A. Thank you, my Lady.

14 MR KEITH: My Lady, the remaining two statements are those  
15 of the two pathologists on today's list and they are  
16 Dr Rob Chapman and Dr Ian Hill.

17 Dr Chapman is the pathologist who carried out the  
18 post-mortem of Hussain and my Lady may recall that,  
19 through oversight, we omitted to read out the relevant  
20 parts of the pathologist's report from Dr Hill in  
21 relation to Lindsay, so may I summarise those in the  
22 same way as I summarised the relevant post-mortems for  
23 Khan and Tanweer. We're not, of course, concerned with  
24 their inquests and so I needn't read out the full detail  
25 and, in the public interest, it is not appropriate that

1 I do so.

2 In relation to Hussain first, the post-mortem was  
3 carried out on 10 July, the Honourable Artillery  
4 Company, by, as I've said, Dr Chapman, and in summary,  
5 the doctor says as follows.

6 Statement of DR ROBERT CHAPMAN read

7 "The body was of an adult male with extensive  
8 disruption to the anterior parts of the face, skull,  
9 anterior thorax [that's the front of the rib cage and  
10 sternum area] and abdomen. The limbs were largely  
11 missing and the contents of both the chest and abdominal  
12 cavities had been extruded through major soft tissue  
13 defects anteriorly."

14 Turning to fluoroscopy, the examination of whether  
15 or not foreign fragments were contained in the body, he  
16 reported that there was a strip of blue plastic material  
17 overlying the front aspect of the body.

18 He then made the following further external  
19 observations:

20 "No eyebrows, eyes, nose, mouth, teeth or jaw  
21 structures were identifiable. He was bearded, with  
22 a beard approximately 1 centimetre in length. This was  
23 of mid-brown colour. The visible skin colour was of  
24 south Asian appearance."

25 Then heavily paraphrasing the next two pages, he



1 reports that there were traumatic amputations to the  
2 right and left upper arms, traumatic amputation of both  
3 legs and, by way of internal examination, gross  
4 disruption of the bones of the skull, the majority of  
5 which were absent along with the bones of the face and  
6 jaws.

7 In relation to the trunk, the thoracic cage was open  
8 as a result of extensive bony injury to the anterior  
9 ribs, front of the ribs, and only fragments of lung  
10 tissue were identifiable. Likewise, only a fragment of  
11 the heart was present and the abdominal cavity was open.  
12 In light of that, as well as the remainder of the  
13 report which I have neither read out nor summarised, the  
14 doctor's conclusions were that the body was that of an  
15 apparently young adult male of heavy build. He had  
16 suffered severe, widely disruptive injury to the front  
17 of the head, face, anterior thorax, abdomen and limbs.  
18 No complete examination of the internal organs was  
19 possible because of the extent of injury. No  
20 identifiable natural disease processes were seen.  
21 The pattern of injury was fully consistent with  
22 being received following an explosion. The extent of  
23 injury would strongly suggest that this individual was  
24 close to the source of an explosion. The nature and  
25 distribution of the injuries would indicate an explosive

1 discharge in front of and below the individual. The  
2 symmetrical nature of the upper limb injuries might  
3 suggest that the explosive material was being held or  
4 that the individual was bending over the material at the  
5 time of the discharge.

6 My Lady, in the light of the fact that these  
7 inquests are not concerned with Hussain, I have no need  
8 to read out the cause of death, but it is obvious.

9 In relation to Dr Hill and Jermaine Lindsay, the  
10 date and time of examination was 10 July, the body  
11 having been received from the scene of an explosion at  
12 Russell Square and the first carriage in particular.

13 Statement of DR IAN HILL read

14 "The external examination reported in summary that  
15 the body was that of a muscularly-built, adult male  
16 consisting of the torso and remnants of the limbs. The  
17 skin was black in colour. There was an extensive,  
18 ragged, charred laceration involving the whole of the  
19 face stretching down from the forehead."

20 Then the doctor goes on to describe its extension  
21 towards the temple region, down behind the eyes and  
22 mouth on to the neck and then diagonally down on to the  
23 front of the neck. He then goes on to describe the very  
24 severe injuries to the front of the neck and the top of  
25 the chest area:

1 "The mandible was split in the mid-line and there  
2 were multiple fractures of the maxilla with obliteration  
3 of the nose and eyes."

4 He reports that there was extensive peppering,  
5 numerous injuries to the front of the body, and says at  
6 point 12:

7 "The whole of the front of the torso, extending down  
8 from the neck to the lower region, showed evidence of  
9 burning, some of which was superficial and some of which  
10 was deep."

11 In relation to the limbs, he reports at 20:

12 "The right forearm had been amputated below the  
13 elbow with protrusion of the fractured radius and  
14 ulna below the wound. The wound had a ragged outline  
15 and the tissue showed marked fragmentation."

16 At 23, he reports the lower left forearm as having  
17 been amputated and, having reported on three further  
18 pages of injuries and notable features of the body,  
19 Dr Hill concludes:

20 "The body was that of an adult male. The appearance  
21 of the injuries are consistent with him being in close  
22 proximity to an explosion. The pattern of injuries  
23 suggests that the explosion occurred at foot level,  
24 possibly with the person concerned being seated with the  
25 hands down. The principal explosive discharge has

1 passed upwards over the body into the neck and face and  
2 thence into the head, venting through the forehead. The  
3 extent of the injuries is such that death would have  
4 occurred virtually instantaneously. There is no  
5 evidence of natural disease."

6 LADY JUSTICE HALLETT: Thank you.

7 MR KEITH: My Lady, that concludes the evidence scheduled  
8 for today.

9 LADY JUSTICE HALLETT: Thank you very much.

10 (3.37 pm)

11 (The inquests adjourned until 10.00 am on Friday,  
12 28 January 2011)

13

14