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WITNESS STATEMENT

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: MARRIOTT, MARK

Age if under 18: Over 18 (if over 18 insert 'over 18')

Occupation: PARAMEDIC

This statement (consisting of 17 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: M MARRIOTT	Date: 19/07/2018
Tick if witness evidence is visually recorded \Box	(supply witness details on rear)

This statement relates to my attendance at a call initially related to a person having a fit where I was the first paramedic on scene.

The persons I will be referring to in my statement are as follows;

• Female Patient — This is the female who I treated within the address

• Male Partner — This is the male who was inside the address, he identified himself as the females partner.

- · Glen Davies First responder / Backup in ambulance at the address
- Keith One (Surname not known) Ambulance Technician / Backup in ambulance at the address
- Keith Two (Surname not known) Critical Care Team
- Unknown Paramedic Critical Care Team
- Female Observer She was with the Critical Care team as an observer
- Oli Operations Officer from Trowbridge
- Unknown Male One A neighbour from within three doors away from the address

Signature:	M MARRIOTT	Signature witnessed by:

2022

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• Unknown Male Two — A member of the public who identified himself to me as a good friend of the patient.

I will now describe the location of the call I went to, in this instance it was 9 Muggleton Road, Amesbury, and the general area. This is an area I have frequented on many occasions, I believe I attend the general location at least once in every four day block of shifts. The location is a new build development called the "Archers Gate" estate. I have not been to the address 9 Muggleton Road previously before.

The address of 9 Muggleton Road is a new build property, which appears to be a one story flat, there is a wide forecourt you drive into off the road, and has good access. Access is gained by a front door on ground level, behind the front door are stairs that lead straight up, once inside the door, and up the stairs, access is gained directly into the flat.

The front door was white, and the door was open on my attendance, I don't remember if there were any windows to the front door, but it appeared solid to me.

The front door was hinged to the right, and the door opens inwards.

Nothing stood on out to me on the appearance of the door, that drew me to think anything was out of the ordinary.

The stairs behind the front door were wooden, and they were not carpeted, the condition of the stairs appeared to be in good condition, I approximate there was about fifteen steps, but cannot be sure. I don't recall there being a bannister.

I remember there being a pair of light coloured shoes near the front door, the shoes appeared to be small, so I formed the opinion they belonged to a female, I remember seeing some letters on the floor, that appeared to be junk mail, I can't be sure, as I wasn't paying attention to them, but they were larger in size, such as A5.

The walls inside the address were magnolia in colour.

The upstairs landing to the address also had no carpet, it was a hard surface, the landing was approximately four feet wide, and eight to nine feet in length, the landing was quite sparse, and so it wasn't difficult to work in.

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The bathroom was quite sparse, there was one bath within, the toilet was opposite the door, the size was approximately six feet square. I don't recall if there was a sink inside the address, there was definitely a bare floor, I don't believe it was wood, I believe it was a fawn colour. The walls to the bathroom were magnolia in colour, the toilet and bath were white. I don't recall what other items were inside the bathroom, in respect of toiletries, there were some items on the floor, but I don't remember what they were, I wasn't paying attention to things on the floor, I don't recall any hazards.

The Kitchen / Living area was not massive, it was a strange layout, I approximate the size as twelve feet squared, there was a black sofa within, I saw some personal effects, but it was quite sparse inside, I don't remember seeing a television. I remember the kitchen / living being a little bit cluttered, I can't say what the clutter was.

I don't know if there was a bedroom within the property, I did not enter one, or seek to enter one.

I remember there being a double glazed frosted window opposite the bathroom door, it was a small window. I recall there being items on the window seal, there was medication packaging, consisting of one strip of a blister pack, there were other bits up there as well, but I don't know what they were.

I am a Paramedic employed by South Western Ambulance Service, I have been employed with this organisation for the past ten years, prior to this, I have been employed in the Northern Territory in Australia, as an Intensive Care Paramedic, I spent ten years out there, prior to this I spent eleven years with the London Ambulance Service between 1986—1997.

In the United Kingdom I am registered as a Paramedic with the Health Care Professions Council, this is the board of registration, my registration number is PA12500.

I obtained an Advanced Diploma of Paramedical Science in Australia, this allowed me to practice as a Paramedic in that country.

I completed a CBRN (Chemical Biological Radiological and Nuclear) training in **Example** a location **example**, this consisted of casualty retrieval from hazardous areas around seven years ago.

I complete local based training updates within South Western Ambulance Service, relating to change of procedures, equipment updates, new techniques, and clinical updates.

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I have received new guidance since the previous incident in Salisbury, and the effects, signs and symptoms of Novichok exposure, and the 1-2-3 step approach to dealing with casualties, this is, in basic terms, when you are dealing with a patient that is unresponsive, take caution, in the event of two patients being unresponsive, exercise extreme caution, and where there are three patients unresponsive, evacuate the area and seek guidance for safety purposes.

I am trained, that with any suspected exposure to hazardous material, to seek guidance for safety purposes, it is not specific to Novichok in isolation, it is relevant to all chemicals.

Within the past month, all South Western Ambulance Service have access to an online mobile phone application, which is essentially gives an Aide Memoir for Clinical Guidelines on various topics, including CBRN this can be used as a reference tool on deployments.

On Saturday 30th June 2018, I was on duty in my role as a Paramedic, my shift for the day was 0600 — 1800, this was a normal twelve hour tour of duty, I was scheduled to work in a RRV (Rapid Response Vehicle), the call sign was 303, this call sign is attached to the vehicle, and is not transferred. This was a vehicle I was due to use throughout my planned four day block of shifts, as this was my first shift back, I thoroughly checked the equipment, stock content, drugs content, the vehicle was not used in the shift prior to me taking it, I checked battery life on the defib, and suction devices, this is something that I do, and every Paramedic does, to ensure all equipment is ready to use, because in reality, you can't turn up to a job, and the battery is flat on a specific device.

I was working alone on this day. I log on to a MDT (Mobile Data Terminal) within the vehicle, where I inputted my personal number twice. I inputted the shift code in, on that day it was 231, this code tells control what my shift time is, and what our break windows are, there is a laminated card within all vehicles, that has all codes inside, I also input the mileage of the vehicle into the terminal.

I also logged onto a Panasonic tough book, this is an (EPCR) Electronic Patient Care Record, this replaces the old paper style patient records, everything iselectronic, such as call despatch, and call alerts through radio.

Despite beginning the shift at 0600 Hours, my first call was to 9 Muggleton Road,

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Amesbury, I know my meal break window was coming up, I believe I received a call at approximately 11:10, I cannot be sure without checking the call history log, as exact times are recorded there. I received the call as a "Category One" call, this is top priority call, with an immediate response, this in basic terms, is a call where life is at risk without an immediate response.

I received the call when I was at one of our designated stand by points, in Fountain Way Campus, Wilton Road, Salisbury. I made my way to 9 Muggleton Road, Amesbury within approximately 30 seconds of receiving notification of the call, I estimate my journey time was between 12-15 minutes, I made progress to the location using blue lights and sirens, I followed the route to the location via the satellite navigation, this is automatically programmed into the MDT on the call despatch, and is usually the fastest route. In this instance I took Wilton Road, Churchill Way Ring Road. A345 out of Salisbury, Ring Road in Amesbury, that leads into the Archers Gate Estate.

As I arrived on scene, where I was address searching. there was a delay in finding the specific, and exact attendance location, due to the property being a new build development, the Sat Nav was not being clear where the property was on Muggleton Road.

I received a call on my radio from our Ambulance control, where I was advised that the call is believed to be a query Cardiac Arrest, based on this additional information, it made me consider what equipment I was going to take with me, I did tell the Ambulance Control I was having difficulty in locating the property due to it being a new build.

I stopped outside, which I believe to be number 23 Muggleton Road, a male was

standing outside that address, as it was clear I was looking for something, I put my window down and said to the male "Do you know where number 9 is?" he replied "I'm not sure".

I carried on looking for the address. I saw small plaque on the wall, which contained odd numbers, due to looking for number 9, I decided to take that route, I drove into an area that contained a carpark forecourt, as I got closer, I could see the door to number 9 was open. I parked my car directly outside the property, I immediately pressed my arrival at scene button on my MDT. I got out of my vehicle, opened my the rear boot up, and took out my equipment, this consisted of my green response bag, this has resuscitation equipment, small collection of drugs, and general observation equipment and dressings, I took my "Shock

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Box" in, this is a defib, it's in a standalone bag, EPCR and a bottle of oxygen, this is pretty much on the limit of what I can carry.

At the front door I shouted "Hello", I heard a male voice say "Up here", I walked up the stairs and turned right, I can't recall if the lights were on, I didn't smell anything in the air, at the top of the stairs, I turned right. I stood in the hallway, looking at the bathroom. I saw the female patient laying supine, this is on her back within the bathroom, her head was towards the door, the male partner was in the hallway, directly outside the door, he had what I believed to be a mobile phone in his hand, I said to him "What's happened?" he replied "She's collapsed", that was the end of the verbal conversation at that point, I looked at the female patient, she was CYANOSED, the is the colour someone goes when they are in Cardio Pulmonary Arrest, I knelt down next to the female, my knees

were at the top of her head, so I was situated looking down at her body. I could see there was no respiratory effort, I felt for a pulse on the female's neck, this was absent. At that point I started chest compressions from the position I was in.

At this point, I could only do Basic Life Support as I was on my own, at a rate of around 100 compressions a minute, I used my radio and pressed "Request to speak" button, this was picked up almost straight away, I advised this was a confirmed Cardiac Arrest, the operator advised me that a crew would be with me shortly.

Whilst doing compressions, I said to the Male Partner "Are you the partner?" he replied "Yes", I said "What has happened?" he replied "She was complaining of a headache, said she was going to have a bath, I heard a noise that sounded like she was gurgling. I went in and found her collapsed in the bathroom, she was foaming at the mouth". I asked the male partner "When did she collapse?" he replied "Ten fifteen minutes ago", he was a bit flustered, he seemed a bit jiddery, a bit muddled in himself. Nothing else about him concerned me.

I assessed this, and found what he had disclosed was consistent of being a fit, but at this point, the cause of the Cardiac Arrest was still unknown.

I said to the Male Partner "What is her medical history?" he replied "I don't know".

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I broke away from doing the chest compressions, and turned on the shock box, exposed her chest, I did this by pulling up her t-shirt, she was not wearing a bra, I exposed the chest, I placed the defib pads on the chest, I then followed the prompts on the machine, the shock box gave a verbal indication of "No Shock Advised Commence CPR", this generally means a stationery heart.

I carried on with chest compressions, at some point later, my colleagues Glen Davies and Keith one arrived, they brought in additional equipment, such as ALS (Advanced Life Support) equipment, and full drugs bag.

I gave a Keith one, and Glen Davies, a handover, of essentially what had been disclosed to me by the Male Partner, and the present clinical symptoms the female was presenting, and her being Asystole.

Keith one stepped over me, and took over chest compressions, I believe Glen was getting equipment out, I took over on getting an airway. I tilted her head back, and did a jaw lift, I inserted an IGEL, this is an airway that is inserted into the mouth, to obtain an effective airway.

The female patient was then connected to oxygen.

Keith One and I were completing standard chest compressions, to a ratio of 15:2. Of fifteen chest compressions to two inflations.

Keith One inserted a cannula into the hand / arm, she was given adrenaline, this was 1:10000, 1mg of Adrenaline per 10,000 ml of Saline, a drip of Sodium Chloride was administered. I cannot be sure without looking at my notes, my shock box indicated to me via a verbal command that the battery was low, I told Glen the battery was running low, Glen then went and obtained his shock box, which was connected to the pads already on the female patient.

I cannot recall how many rounds the female patient not be shockable, but at some stage, the shock box gave a verbal command that the female was shockable, a shock was delivered as per instruction, we then got ROSC (Return of Spontaneous Circulation), I checked the females patient Carotid Pulse, I confirmed there was one, the monitor attached the female patient also confirmed Sinus rhythm.

I broke away, and left Glen Davies and Keith One, who continued ALS, I then spoke to the male partner, he was standing in the hall, at the the lounge / kitchen area end, I said "What is her name and date of birth, any information on why she is like this?" He replied "Dawn STURGESS", I said "Can you spell it?"

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he replied "No, I'm dyslexic, I can't do numbers". I looked on the window seal and saw a letter, it had a name of it, I said to Male Partner "Dawn Sturgess, is that her?" referring to the name on the letter, he replied "Yes". I said "Does she have any medical condition?" he replied "Not as far as I'm aware of, she has tablets", he pointed to some tablets on the window seal. This conversation lasted for around fifteen seconds as I was trying to obtain as much information as possible.

I carried on with the crew, I believe we lost the pulse again, so we continued CPR, I checked the machine, more adrenaline was given, and again we got ROSC.

Glen Davies's EPCR, and "The Brick", which is a communication box between the medical monitoring devices and the EPCR was faulty, this would not turn out, I believe this was another battery problem, so the result of this, is that we couldn't monitor the female patients Co2 levels.

I returned back to my car, and took my Life Pack 12 from my vehicle, whilst outside unknown male one said "Is everything okay? I replied "Yeah were fine", I believe he was from number 5 Muggleton Road. I cannot be sure, it was certainly a lower number. I tookthis into the address, this also has an ECG monitor on it, between Glen Davies, Keith one and I, we connected 12 pads to the female patient as she had a Sinus rhythm. There was nothing remarkable on the readings on the ECG.

I got back to airway management, I was bagging her, she was nice and pink in colour, her chest was rising well, I noticed my right hand glove had split at the top of my thumb area, the female patient dribbled on me during the course of airway management.

The Critical Care crew arrived, this consisted of Keith two, Unknown Paramedic one, and a female observer, they were all wearing orange flight suits, they brought additional equipment. I gave an update of the female patient's condition, this was another handover.

I remember saying to Unknown Paramedic One "We need ETCo2?" He replied "Yes", this was then connected to the female patient. We confirmed the female patient had a good airway, and the volume of oxygen was good, and had a good patent airway.

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Unknown Paramedic said "Does she have any respiratory effort?" I initially replied" No", then after approximately thirty seconds, the female patient started to swallow, I could feel this too.

I said to Keith One "Do we have a BM?" this means Blood Glucose level, I don't know what the level was, but it was not a concern, I looked at the female observer, and said "Are you happy to carry on with the bagging?" she replied "Yes", one of the Critical Care team confirmed she was capable, my reason for this, was due to me being tired, and I wanted to change my ripped gloves.

I changed my gloves, at this point there was a lot of involvement in treating the female patient, I said to the Male Partner "Are there any prescriptions, or hospital details?" he replied "I don't know", I said "Can I look for anything?" he didn't reply, I then looked around, I could only see a letter from Wiltshire Council, but that only gave me her name, nothing took me further forward.

Oli arrived at the location, he is the Operations Officer, I had an open conversation with him, stating we had ROSC, unknown cause of Cardiac Arrest, just a general update on condition. I can't remember what else we spoke about.

Keith One and I kept ferrying equipment back and down the stairs, Keith One brought the scoop stretcher upstairs, and some straps, it came to a point where I started to clear equipment that was not immediately being used, it was taken from the address to clear space, I recall a suction unit being brought in, and this was used on the female patient.

Between myself, and my colleagues, we lifted the female patient onto the scoop, at some point as she was lifted up, it was apparent that the female had lost control of her bowels, I could certainly smell it, and

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could visually see staining on her trousers, once she was on the scoop stretcher, she was secured with straps, placing straps on the shin area, and ankles, another was placed on her upper body.

The female patient was taken along the hallway, I took control of the feet end, Keith one was supporting me, to prevent me falling down the stairs.

The female patient was carried down stairs, she was loaded onto the back of the

ambulance, I had no further contact with her at that point.

Unknown Male two approached me outside the address, he said "What is going on?" I replied "Are you a relative?" he replied "No. I'm a good friend?" I said "She isn't very well, she is being taken to hospital, I can't tell you anymore as you are not a relative", he was quite accepting of this.

I went and obtained two medical waste bags from my car. I went back to the address, I brought down my kit, and other colleagues kit, and placed them outside the address, it got to a point where there was no kit left inside.

I filled two bags of clinical waste, Oli assisted me in doing this. I noticed there was personal effects in the bathroom, I cannot be sure if I didn't place any non-ambulance issued medical equipment, such as a syringe into the medical waste bags, there is a possibility that I could have done so, it is usual to just clear up all medical waste, as not to leave it at the address, I took two bags of waste from the address, and put them into the side of the ambulance foot well, effectively after the clear up. I had no clinical waste at all on me, or in my vehicle.

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I asked Oli "Do you have any water?" Oli said "Yes", he then gave me a bottle of water, at this point, the male partner and unknown male two approached me, the male partner said "Do I need to go with her?" I replied "Yes", he said "Can I come later?" I said "Well it's up to you", he replied "I need to go somewhere else is Amesbury", indicating he was going to go with unknown male two. They both then walked away at that point, I didn't see where they both went.

I said to Oli I was going to clear on my MDT, I then got a notification of Return to Base for a meal break, I advised control that I needed to restock and clean up, as I was protected from further calls.

There was general broadcast of a further call of another Category one, of an

unconscious person having taken an overdose in Wilton, I put up for this call as there was no other crews to attend, I attended the call, I had direct contact with this patient, after treating her, I conveyed her to hospital in my car. Whilst this new patient was inside the hospital, she vomited, and had a fit, she was then taken to bay 3, Dawn STURGESS was in bay 2, I don't know if there was any connection, but it was strange.

I did complete a scribe sheet at the scene, this was handed to Keith Two in the back of the ambulance before they left the scene.

I later become concerned about my scribe card, I had concerns of it being contaminated, as I last saw it within the A&E reception, on the desk, where they book patients into the A&E, I saw it there in the afternoon of Saturday 30th, so some hours after she was brought in, the scribe card is quite tough, was in the middle of the scene, in contact with most things, I raised this to my Ops Commander, Jane WHICHELLO, who stated she would raise an action, I do not know the whereabouts of this document.

This was the end of my involvement.

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On Sunday 1st July 2018, I was informed by another crew, Lee MARTIN and Ben CHANNON that there was another call to the same address of 9 Muggleton Road sometime in the night, this time "they" had to don chemical suits for a guy that may of being related to her, then it was deemed as not.

On Wednesday 4th July 2018, whilst on duty I was called to return to the Ambulance Station, at approximately 0400 hours, my car was taken out of service, along with other vehicles used to the Salisbury base, I was advised to take my uniform and boots off, and place them in double bags, I did this when I got back home, my clothing is currently in my garage.

I make this statement without making reference to any medical notes made at the time, I have not reviewed by Scribe sheet, or any other documentation surrounding drugs that were administered during the incident, if specific details on this are required, I will need to refer to these notes.

I would describe the female patient as white, small frame, no more than seven stone, aged around 45 years, light coloured hair, pair of thin trousers on, no shoes, and a light top, looked a little dishevelled. I have been asked the question by DC VN301 if I could reasonably be able to recognise her again, the answer to that question is possibly.

I would describe the male partner as white, 5,8 tall, medium frame, slightly unshaven, thinning on top, dark clothing, I have been asked the question by DC **VN301** if I could reasonably be able to recognise him again, the answer to that question is No.

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I would describe unknown male one as white, aged around 35 years old. I have been asked the question by DC **VN301** if I could reasonably be able to recognise him again, the answer to that question is No.

I would describe unknown male two as white, 5'7 tall, small frame, a bit gaunt looking, dark hair, I have been asked the question by DC \bigvee N301 if I could reasonably be able to recognise him again, the answer to that question is No.

I exhibit a sketch plan of the property of 9 Muggleton Road, as MAM/01, I placed this into a evidential bag, baring the seal number MPSC38707018.

This statement was taken by me DC \bigvee N301 between 1100 - 15:46 at Salisbury Hospital, I read the statement to Mark MARRIOTT where I gave him the opportunity to add or alter the statement prior to signing, I can confirm no one else was present.