

WITNESS STATEMENT

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

Statement of: MURAD, MIFTA

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

Occupation: PARAMEDIC

This statement (consisting of 7 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 MURAD

Date: 19/03/2018

Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

This statement refers to my attendance at the Grenfell Tower Fire on the 14th June 2017. I completed a patient report form after the incident which I will refer to. PRF 304293161 - HRF.

I am Mifta MURAD and I have worked for the London Ambulance Service (LAS) for twelve and a half (12 1/2) years. I joined the LAS in 2005 and spent eleven (11) of those years as a paramedic. I then joined the Hazardous Area Response Team (HART) in 2011. This role requires specialist training so we can deal with certain incidents such as, people on train tracks, water incidents, HAZMAT and/or chemical biological radiological and nuclear (CBRN) incidents. To do this role you must be a competent paramedic. The training that is required for this covers incident response unit (IRU); breathing apparatus (BA) training, civil responder one (CR1), safe working at height training (SWAH), urban search and rescue (USAR), inland water operations (IWO) which is now called swift water rescue (SRT), marauding terrorist firearms incidents (MTFA). The initial HART training is carried out over a period of time. Once the initial training is completed including the IRU and BA you are competent as a HART Operative. I became fully qualified when I completed my USAR training. From September 2011 I could respond on as HART solo.

I am based here at Clock Tower Road, ISLE WORTH permanently. Previous to HART I worked as a Paramedic at NORTH KENSINGTON ambulance station.

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On the 13th June 2017 I came in to work a nightshift, 19:00-07:00 on over time as I had taken annual leave [REDACTED] I also worked the night shift before on the 12th June 2017 and my call sign was Y255.

On the 13th June I was working on a first response unit, call-sign Y251 which is a Skoda standard 1st response vehicle and I was working solo. I was wearing my standard ambulance uniform (greens) and as soon as I arrived at the incident I changed into my ground kit which are green overalls, it's called your incident ground kit which is a pair of dungarees, similar in appearance to a firefighter but made from different material. I have an epaulette on the front of my chest identifying me as a paramedic. I do not wear a name badge and I also wear a green helmet with a torch on. It had no labels on identifying who I am on it.

During my shift I was in Central London. I normally stand by the area of BAKER STREET so when the call came through at 01:38 I was not too far away. The incident will come to my radio and make a bleep sound, and it will have a brief message with incident description and address. I then pressed the number two (2) to accept the call. It's similar to a text message and it said a tower block was on fire. I made my way straight away.

When I got to the A40 I could see the tower adjacent, the building was ablaze from about two or three (2-3) floors up at the time. I gave a windscreen report which is the initial report. I informed EOC (emergency operations centre) and the HART Supervisor what I could see and requested the rest of my team which were five (5) other HART paramedics, and requested the EAST HART team to come as well due to the large scale of the fire. I used to work in NORTH KENSINGTON and knew there are many people in the tower.

EOC informed that I would be first on scene and to inform them of entry and exit areas. I had an RVP road name but there was no access to that road, I can't remember why maybe there was a fire engine there. I found my way round to BOMORE ROAD and parked there near the junction of DULFORD STREET.

I was not aware of any updates whilst en route to the incident. I do not look at my radio or mobile data terminal (MDT) whilst driving. If it was something important like a gun was on scene it would probably come over the radio.

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I used channel [REDACTED] which is the channel for HART WEST. I remember the channel for HART EAST is [REDACTED]. Whilst I have my personal radio on channel [REDACTED] I put my vehicle radio on to local sector [REDACTED] to keep informed and because when both are on the same channel it echo's.

It took me about three (3) minutes to get there. Once I had parked up this is when I got changed into my incident ground kit and got my bags out the car. I carry a paramedic bag, 02 which is an oxygen cylinder with resuscitation pieces, life pack 15 which has a monitor device for heart rate, blood pressure, electrocardiogram (ECG) and defibrillator, a GFG gas monitor which detects carbon monoxide and low levels of 02, methane or explosive gases and a rad 57 which detects carbon monoxide on patients.

I started to head to the incident ground and a firefighter directed me to a patient sitting on the pavement, he said she can't breathe properly and asked if I could check her. I put a probe on her finger for carbon monoxide which read 4-6% which was acceptable (when asked she replied that she was a smoker). The firefighter had already placed her on oxygen. I asked the firefighter to look after her as I needed to continue on.

I met an incident response officer (IRO) from LAS and just said hello. He didn't give me any direction. His role is to manage the response and mine is to manage patients.

I then headed towards the tower. I am unsure how long it took. My two other colleagues Russell LABJOIT and Clive DYETT who are my other colleagues from HART WEST, arrived on scene shortly afterwards and around fifteen (15) minutes after arriving on scene.

The tower had changed from when I could see it from the A40 as it seemed more floors were now on fire. I could see the fire had spread as I was closer could see the debris falling down from the tower. A number of pieces every forty (40) seconds a small piece then large pieces.

There was a lot of firefighters and fire trucks around. We were standing metres from the tower on SOUTH EAST corner of the tower. I could see firefighters coming in and out. We had a trolley bed there and medical response equipment. I took my medical equipment. Russell and Clive were there as well. Everyone had taken their equipment and made a kit dump.

Debris was falling and some things alight were falling from the tower. Firefighters were bringing patients out. I was handed a female patient who was walking so I took her to the top of grass area and passed her on to another member of LAS staff and came back. The firefighters were telling us to come in and that

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people were struggling inside you could see they were younger firefighters. I wanted to get closer but a colleague of mine held me back. In hindsight, this is the right thing to do.

Firefighters then carried this one (1) person to us and I went to pick him up to place him on the bed and everything was dangling. I grabbed his arm and we got the person on the bed. I assessed him and he was not breathing, and there was no palpable pulse. Given his obvious injuries and the major incident I informed colleagues including HART and Fire colleagues that there was little we could do for this person and life was extinct. There was nothing we could do for this person given available resources and under triage terms he wouldn't be a focus. He had multiple fractured bones and his injuries were incompatible with life. I think his body was whole I don't remember seeing any missing limbs. He had obviously jumped out the window. No one told me this but I could recognise this as nothing was connected and all his bones were broken. He was a male. I can't remember what race as it was dark and he was covered in soot. The lighting was poor as it was night. Fire trucks were giving light. He was probably about 5'8-5'9, around my height. I didn't do any paper work for this male. He was on the trolley bed and was taken to one side. I don't know what happened with him.

They brought another patient out, this person was walking so I accompanied them to the leisure centre, where a casualty collection point (CCP) was being setup by LAS staff. I don't know who by but it would have been someone from HART WEST. I took the person up to the grass area, and handed them over and came back. They were triaged as a P3 patient.

At major incidents we operate a triage process during which patients are tagged. I wasn't triaging at this point though so I didn't tag anyone in this location. We have P1, P2, P3 and DEAD.

Priority 1 - immediately in need of medical assistance/life threatening.

Priority 2 - injured unable to walk.

Priority 3 - walking wounded.

DEAD - Deceased

A lady was then brought out the tower in cardiac arrest she was a large black lady. Firefighters helped me take her to CCP1 and I started resuscitation, chest compressions and got the defibrillator out, under formal triage she would be considered dead but it was my decision to make, I had enough medical staff on scene and there was not an influx of patients so it was manageable. I spent two (2) minutes with her

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and then handed her over to my colleagues at CCP1 and went back to the tower. My colleagues continued with CPR.

I could see more levels of the tower on fire, it was expanding more and more and debris was still falling from tower. More fire crews had turned up by now.

There was a fire commander there and he would say look guys everyone move back. I didn't feel unsafe at any stage. The fire crew are in charge so if they tell me to move back I will move back.

I can't remember dealing with any other patients there, a colleague from HART EAST Kevin MANSFORD and I were asked to set up a triage system, CCP2, on LATIMER ROAD. We were directed by Clive as he was acting supervisor on the night so he would have been liaising with other commands. I don't know what time it was but it was still night. I do not recall any updates on my radio.

I checked the time on my phone [REDACTED]
[REDACTED] and that was around 02:00.

Kevin and I took some equipment including the triage kit pack made up of P1, P2, P3, and DEAD cards, a pen and some airway equipment.

I remember a pillar or a tree and an alley by a pub on LATIMER ROAD and this is where the patients were being brought out to.

I couldn't see the tower from here. It felt like patient after patient after patient. The firefighters were bringing them to us. There were many walking people and I asked them to sit down.

Along BRAMLEY ROAD there were many ambulances and police. People were wondering around, residents or local people.

Kevin and I agreed to split and divide the CCP2 into two areas and I will look after this section of people. There was so many people and was impractical to work as a pair. We were placing patients triage cards which designates what priority they are and what injuries they had with a rubber band on their hand. It doesn't record their names on.

I would say I was dealing with about fifty (50) plus people. The majority were just sitting around so it was easier to manage. They were sitting around the tree and some against the wall. I didn't have my

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RAD57 monitor equipment. I think I had left it at CCP1. The forward oxygen was administered to the people who required it. Some people were saying they couldn't breathe properly so we would pass it around. Some people were shouting which I tried to block out.

A firefighter brought a young girl over to me she looked middle eastern. They had a defibrillator attached to her doing chest compressions. I asked them to place her on the ground and took over the chest compressions and shouted for an ambulance. I told the firefighter to get an ambulance and it was there soon after, around a minute or so. I carried her to an ambulance and handed her to my colleagues, gave a brief hand over. No shocks were carried out whilst I was with her. I told the ambulance to go to CHELSEA & WESTMINSTER HOSPITAL, or ST MARY'S HOSPITAL as they have the paediatric departments there. I didn't see the crew again.

The ambulances were readily available on the road; I didn't have to radio for one. I recall using my radio once to ask for more equipment. It was too busy to talk on the radio as there was too much radio traffic. I went back to look after my patients. No one else was brought to me that was in cardiac arrest.

There were lots of families and children. You could see they were unwell but didn't fall under the triage system and I also, didn't have enough equipment. Members of the public were shouting but you had to just try and block it.

You could see the joint emergency services operation (JESIP) was working but there was a sea of ambulances that were there and we were dealing with this on our own just the two of us. I didn't feel like I had enough resources even though they were around the corner. An officer could have sent them over to help us but they didn't.

There was an officer there called Matt SHUTE who was on the corner of LATIMER ROAD STATION. I believe it was his job to manage the ambulances. It would have been his responsibility to ask for the next P1 or P2's to be sent in an ambulance. P1's obviously take priority.

██████████ at roughly 2:30 or 2:40 I drank some water ██████████ It would have been around that time so I remember the young girl would have been before 2:30.

There was a pub in the corner with a beer garden and lots of people were taken there and given water and to use the facilities. I remember directing people there.

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I spoke to someone from HEMS helicopter medical team. They asked if I was ok. HEMS were in cars and so there were a few doctors on site. They would take authority over the medical management. They were assessing patients whilst I was assessing also. I could see four to five (4-5) orange suits which is what HEMS wear and they were nearer the exit from where the firefighters were bringing patients. They could see the patients as they were coming out and I knew I could ask them for support.

There was a family of about five (5) people with a woman who was pregnant. She said she had breathing difficulties and was sat down for a long while waiting for an ambulance. I do not recall how many weeks pregnant she was. I categorised her as P1 even though it doesn't strictly fit the category, you could see she was pregnant, with breathing difficulties and so she was a priority. She had been waiting hours now and wasn't getting better. So I walked them to the ambulances apologetic and got stopped and asked what I was doing. I said she is a P1; I triaged her myself and he said no she's been retriaged. I tried to negotiate but was not being heard. Rather than arguing I walked away and took her her family back down again and waited.

It was now sunrise, probably about 03:00 and the pub had opened up for more people. I took the family to the pub as there was water and seating inside.

I moved in to the pub to triage as someone said the P3's are moving into the pub area and HEMS were managing who was coming out. I don't remember speaking to Kevin again. I took patients with me to the pub area and sat them down. It was less chaotic now and there was lighting.

Faye PROBST who is a consultant at A&E from CHARING CROSS HOSPITAL and a HEMS doctor who everyone knows because she is senior was inside. She is very good and was over-seeing the pub and reassessing the patients. When I brought in patients she was asking me how they are and I handed over the pregnant lady. Faye assessed her and said she's fine.

One lady was shouting and swearing in there, she was a neighbour who had friends in the tower and was clearly upset. I didn't speak to her. She was angry and Faye calmed her down. I recall the woman apologising at the end of the night to Faye. This is the only thing that stood out to me in the pub.

A life pack 15 was in the pub, oxygen cylinders and various oxygen masks. I cannot recall all the other equipment. I used a pulse oximeter on some people to check oxygen levels in the blood stream. I didn't take any notes as they were all fine. Those who weren't injured were free to leave but a lot of people were coming and going, people from the area comforting friends.

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I left the pub and think I was directed by someone to reconvene by CCP1 area by the leisure centre where my team was and the day team from HART EAST and HART WEST were there to relieve us. I must have been here more than an hour and spoke to colleagues and fire staff, no more patients were coming. I could see hundreds of firefighters, some resting on the grass, and against the wall. Everyone was facing the tower and I could see the building smoking. You could see the building was still on fire; you would notice pockets of fire popping up on the tower. You could breathe even though it was smoky, the air was fine.

All four (4) teams were together, the two (2) nights from HART EAST and us from HART WEST with the day shift from HART EAST and HART WEST. HART WEST came in a mini bus and I was relieved by Gemma. We swapped vehicles and I took my personnel equipment out.

I then sat on the wall near the mini bus and did my paper work ref PRF 304293161 - HRF and called my son. I was here for 30 minutes. A woman walked past shocked. I asked if she was ok and she said her friend lives there and hadn't called her. I asked her what floor she lived on and she said the top floor. I tried to offer her comfort and another member of the public walked towards us and took her in her arms. I waited for my crew to come back to the mini bus. I only had one piece of paper work to complete which would cover my involvement during the incident. Whilst triaging it's impossible to do paper work for every person plus you want to save people, not focus on paper work. I left the incident around 09:30.

I didn't give a formal handover. CCP2 was closed now as there was no one there to manage.

I didn't liaise with many other officers throughout the night. There was no liaising between me and the bronze ambulance officer Matt SHUTE.

I have never experienced something on this scale before. I've been to major incidents before but not operationally engaged like this. When I used to work at NORTH KENSINGTON station I used to think it was ridiculous that there was only one lift in the building. If it was broken they are so high, they are very badly designed.

I think the incident needed flexibility. Not every major incident fit the model.

After the incident I was on annual [REDACTED] for a week, during that time I received support from my colleagues which was kind and I received a text from staff counselling offering their services.

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I have since attended two (2) football match fundraisers, one (1) with Chelsea and Arsenal at Wembley and one at QPR all in the memory of Grenfell. I have not been involved in any media.

Since the fire I have visited the tower twice. Once on the 14th July 2017 to support the DVI investigations as we were on standby in case they needed anything. We standby a level or two (2) below in case they incur any injuries. We support them and the contractors. The second time was on the 15th October to support the police showing two (2) families around the tower. They visited the tower for closure and to collect personal belongings.

I have marked on the map that was supplied to me by the police where CCP1 and CCP2 was. Where the ambulances were parked and where I parked on arrival as callsign Y251. I have also marked initial HART response near the tower, this is where I was when I first arrived at the tower. I exhibit this as MMM/01.

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