

LTS:DAT

IN THE NEW SOUTH WALES STATE CORONER'S COURT  
STATE CORONER O'SULLIVAN

5 WEDNESDAY 30 APRIL 2025

**2024/00139002 - BONDI JUNCTION INQUEST**

10 **NON-PUBLICATION ORDERS MADE**  
**PART HEARD**

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15 AUDIO VISUAL LINK COMMENCED AT 10.01AM

HER HONOUR: Ms Sullivan?

20 SULLIVAN: The first witness will be paramedic Chris Wilkinson. Before I call  
Mr Wilkinson can I attend to some housekeeping matters--

HER HONOUR: Yes.

25 SULLIVAN: --namely the tender of two statements. They have been  
circulated to the parties. The first statement is the statement of Sgt 2 dated 28  
April 2025. It's proposed that that statement be added to exhibit 1 as tab 447A  
in vol 6, and copies of that material. The second statement to be tendered is  
the second statement of Brett Simpson, the third statement, in fact, of Brett  
30 Simpson dated 28 April 2025. That document is to be added as tab 601C to  
vol 11.

HER HONOUR: Thank you.

35 EXHIBIT #1 SUPPLEMENTED BY THE ADDITION OF STATEMENT OF SGT  
2 DATED 28/04/25 AND STATEMENT OF BRETT SIMPSON DATED  
28/04/25 ADMITTED WITHOUT OBJECTION

40 SULLIVAN: Your Honour, I call Chris Wilkinson. His statement is at tab 636 of  
volume 11.

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<CHRISTOPHER VALLEN WILKINSON, AFFIRMED(10.03AM)

<EXAMINATION BY MS SULLIVAN

5 Q. Can I ask for your full name for the record please?

A. Full name is Christopher Wilkinson.

Q. And your current role?

10 A. My current role is as a critical care paramedic attached to the aeromedical division of the New South Wales Ambulance Service where I perform medical retrievals and on-scene primary responses.

Q. You've been a New South Wales Ambulance officer for 42 years?

15 A. That's correct, 42 years.

Q. In January this year you were in fact awarded the Ambulance Service medal in Australia Day honours?

A. That is true. Yes.

20 Q. Before I proceed any further with your evidence, I understand there is something you would like to say?

A. Yeah. I would just like to, at this point, convey my condolences to the families that were involved who lost their loved ones, and those who have been impacted by this incident and this tragedy.

25 Q. Thank you very much, Mr Wilkinson. You are what is known as a critical care paramedic. Is that right?

A. That is correct.

30 Q. You've been a critical care paramedic for 31 years?

A. Correct.

Q. As we understand it, a critical care paramedic works as part of an ambulance medical team where the other half is a doctor. Correct?

35 A. That is correct. My partner is normally a doctor, not another paramedic.

Q. And ambulance medical teams are deployed by road or sometimes by helicopter or plane - by air?

40 A. That is correct.

Q. Ambulance medical teams attend jobs that meet a particular threshold of seriousness. Is that the position?

A. That is the correct way to explain it, yes.

45 Q. The base for the ambulance medical team is Bankstown Airport. Correct?

A. Yes.

50 Q. I'm coming now to the events of 13 April 2024. We might get a copy of your statement for you so you can reference it, unless you have a copy with you in the witness box?

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A. I do have a copy.

Q. Please feel free to refer to that as you need to. On 13 April 2024, you were working in Aero 95, which is a vehicle. Correct?

5 A. That is correct.

Q. At 3.42pm, you received a call from the rapid trauma response coordinator. Correct?

10 A. That is correct.

Q. What is the role of that person?

15 A. The rapid trauma response coordinator looks through the CAD system, which is the computer aided dispatch system that all triple-0 calls come into. They are then graded into their hierarchy, level of need, and the rapid trauma response coordinator looks at all the most serious ones, and they can decide as to what resources they will send pertaining to a medical team on a State-wide basis.

20 Q. The rapid trauma response coordinator conveyed to you that there had been an incident concerning multiple stabbings at Bondi complex. Is that accurate?

A. That is correct.

Q. What did you do in response to that information?

25 A. There was a, a, a rather quick discussion amongst the teams that were at the base, and we elected to send three teams all by road, and we departed the base in a convoy together for Bondi.

30 Q. That's three medical teams, each with a critical care paramedic and a doctor?

A. That's correct.

Q. On that day you were rostered with Dr Ruby Hsu, that's H-S-U, who was an emergency specialist doctor?

35 A. That is correct. Yes.

Q. You drove to the scene. That is, you drove the Aero 95 lights and sirens, and R1 urgent duty response. Correct?

40 A. Correct.

Q. En route you received certain information via the mobile data terminal. Is that correct?

45 A. It is correct. I'm driving. I'm unable to read the mobile data. That's left up to the doctor.

Q. What information were you able to process whilst you were in the car, for example, from the radio or the mobile data terminal, if any?

50 A. For me personally, more from the radio, I could hear that a number of vehicles were being responded at the same time to Bondi, with multiple persons that had been stabbed and injured. We were then asked to change

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over to an incident channel and Ruby was reading the CAD notes and she was updating me with, with what had occurred. We were asked to liaise at a specific point, to which we all did.

5 Q. Did you have an understanding en route to Westfield Bondi Junction as to whether the offender had been shot?

A. No. I don't - to my knowledge whilst driving, I'd not heard that knowledge.

Q. But you certainly understood there'd been multiple stabbings?

10 A. Correct.

Q. Were you aware that there had been a major incident declaration?

A. I believe that declaration was made - we had changed over to an incident channel for a formal declaration. I probably wasn't aware whilst I was driving.

15

Q. Is the establishment of a major incident channel something that usually follows the declaration of a major incident?

A. Yes.

20 Q. Whereabouts did you park your vehicle on arrival?

A. All three of us pulled up. I'm sorry, I couldn't give you the exact location, but we were west of the main front doors, to which we could see probably 50 metres to our right, up those main front doors, a group of other ambulances that had parked there. We proceeded to take our equipment out.

25

Q. I'm going to pause you there, Mr Wilkinson. I'm going to ask you to mark on a map, if I can please, where you parked your vehicle, and also, if you would, where the New South Wales Ambulance staging loading zone area was. I'm handing up a map that was in fact displayed yesterday of level 4 of Westfield. We have a view of the air bridge, but underneath you'll be able to see Oxford Street, Adelaide Street and Grosvenor Street, and I hope that that orients you. A copy of this map has been distributed to the parties.

30

A. If I was able to determine east and west it would give me a better idea, but we were the most west part of that. So, I'm presuming it was Grosvenor Street.

35

Q. In that area, that's where you parked?

A. Correct.

40 Q. And the staging and loading zone - you've marked that on the map, have you?

A. (No verbal reply)

Q. In a red marker?

45

A. Yep.

Q. Then if you could indicate where the staging, loading and casualty clearing station, which we'll come to, was when you arrived?

50 SULLIVAN: I'm grateful to Dr Dwyer for the north-east south-west compass

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that she's just drawn on this map to assist me.

WITNESS: I'll - I'm presuming this is west and that's east.

5 SULLIVAN

Q. If we might be shown a copy of that. Thank you.

A. I might have my west and east back to front.

10 Q. On the left-hand side near Grosvenor Street, you've marked the area where your vehicle was parked?

A. Yep.

Q. Together with the other vehicles that came from Bankstown in convoy?

15 A. Correct.

Q. And then you've marked with four X's the staging area. Is that correct?

A. Correct.

20 Q. And there's an area in a box with an X. Does that--

A. That was our triage area with all of our medical equipment.

Q. That's on the southern side, in effect. There's a northern tower and a southern tower, and that's on the southern side?

25 A. Yes. Yeah. It was underneath the, the bridge.

SULLIVAN: I'll just pass that down to my friends and tender that.

30 Q. Thank you very much, Mr Wilkinson. Can I ask you, after you left your vehicle, walked to the staging area, what did you observe? What did you observe in terms of the set-up and the scene infrastructure, the way it had been established?

35 A. I was quite impressed. There were ambulances to my left that had lined up. They had their stretchers out. They had all their equipment on their stretchers. They had gloves on, and they were waiting for some direction as to what to do. As it was a staging area, that's where everybody was staged. They were prepared for, for any contingency.

40 Q. You saw ambulances lined up in a clear fashion that would enable quick egress. Is that accurate?

A. Yes. Yep.

Q. A clear zone, that is a triage area or a casualty clearing station, as it's referred to in the New South Wales AMPLAN?

45 A. Correct.

Q. What is the function of a casualty clearing station, if you wouldn't mind elaborating?

50 A. Yeah, sure. The casualty clearing station is a place that you have access to and egress from where the patients that require to be transported to a

hospital are able to be transported to that hospital.

Q. Is that the same place that patients are treated?

5 A. No. We had set up a triage area, and there is - a triage area and a treatment area can be, you know, feet apart. They can be metres apart. It, it doesn't really matter. But the concept of having a triage area, a treatment area, and a transport area brings people through a system that is well designed to take care of their needs and transport them to hospital.

10 Q. When you and Dr Hsu arrived on scene, you'd brought special medical equipment with you. Is that correct?

A. That is correct.

15 Q. What is the particular equipment that you have that other standard paramedics don't have?

A. All of our packs are completely different. So, as the medical team, we carry blood. That can be either red blood cells and red blood cells and/or ELP - extended life plasma. We carry a surgical pack, which enables us to perform multiple surgical procedures on the scene, and we also carry an airway pack, 20 which allows us to anaesthetise, intubate people, and put them on a ventilator, which is also what we carry. Specific monitoring needs of those patients can be taken care of in a lot higher manner than, than a normal ambulance.

25 Q. Once you arrived on scene, who was the first person you can recall speaking with to get a sit rep, a situation report from?

A. So, once we arrived on the scene, what occurred, we'd only just got out of our ambulances to collect our equipment when I was tapped on the shoulder by a man who was covered in blood. He told me that he was a doctor from one of the medical centres just up the road and that he had a man there that 30 was in dire need of urgent care, he thought was going to pass away.

We'd also met up with the CareFlight medical team that had arrived by helicopter, so we actually had four teams, three New South Wales Ambulance ones and the CareFlight medical team. I sent the CareFlight medical team 35 with that doctor to take care of that patient, and then the rest of us walked up to where the ambulance officers were. Ruby and I started setting up a triage location, and Ruby was looking for some sort of management.

40 Q. So you set up the triage location--

A. Correct.

Q. --that you've marked in the box?

A. Correct.

45 Q. When you're referring to four teams, you're referring to four medical teams, is that right?

A. That is correct.

50 Q. There were other ambulance crews, standard ambulance crews or intensive care paramedics on scene as well?

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A. That is correct.

Q. Are you able to estimate how many crews you saw?

5 A. To my left when I walked up the road, I believe I saw three or four  
ambulances. They had their stretchers out, everything prepared to go. We  
were on scene only a short period of time once we'd established the triage  
point when a paramedic came down to us and said that they had a baby, and  
they needed some help. Myself and one of the other teams walked up to that  
10 ambulance. The critical care paramedic and the doctor got in. I assisted with  
carrying the equipment up and then handed the equipment to the critical care  
paramedic and doctor and left them with that baby. I went back - I'm only  
talking 25 metres, 30 metres - I then walked back to the triage point.

15 Q. To be clear, we know that you arrived on scene at around 4.03pm. That  
accords with your recollection and your understanding?

A. That's correct.

20 Q. That's a very prompt response from Bankstown, if I may say. Once you  
had coordinated with those other teams in relation to the treatment of the man  
in the clinic and in relation to the treatment of the baby, was there any  
conversation about the roles that other paramedics were assuming?

25 A. We were concerned with the, the medical team. Ruby realised - Dr Hsu  
realised that she would need to take command of the medical thing as the  
medical commander, and she set about communications and trying to find  
some management to liaise with. I was more intent with the other critical care  
paramedics to ensure we had a treatment area, a transport area, and a triage  
area.

30 Q. Were you giving other paramedics directions in relation to establishing  
those areas?

A. They'd - on the side of the transport area, they'd done a very good job.  
They'd already set themselves up in a well-established site.

35 Q. It was more the triage area that you were responsible--

A. Correct.

Q. --to establish?

A. Correct.

40 Q. How long does it take to set up a triage area like that?

45 A. Not really long. What we try not to do is anchor ourselves to the ground.  
It's very difficult to treat a patient. What, what normally happens is we would  
ensure somebody is placed on a stretcher, it gives you height and 360 degrees  
around that patient, and then we are able to use that area and environment to  
treat them.

Q. What was your understanding about who was the medical commander on  
the scene at the time that you and Dr Hsu arrived?

50 A. My understanding was that Dr Hsu had taken - and I'm not sure whether  
management, because there was a lot of noise going on, you didn't quite hear

radio communications, but Ruby had verbally said to me that she needed to take command as the medical commander because there was at that point no-one there as a medical commander.

5 Q. When you say there was a lot of noise, at the time you arrived, was there an alarm?

A. Yes.

Q. What comment do you have about the impact of the alarm, if any?

10 A. The impact of the alarm made it quite noisy to listen to radio communications and also try and converse. There was a lot of noise, extraneous noise from the environment, and the alarm just didn't help.

Q. You had a portable radio we assume?

15 A. Correct.

Q. Were you listening to the communications as they were coming through to the best of your ability?

20 A. To the best of my ability.

Q. Were you aware that there had been a broadcast to this effect at around 4.02. This is in fact - I'll go back. At 4.01, Inspector Simpson who is inside Westfield broadcasts this message:

25 "Intelligence reporting at this stage states that there is a second armed offender at the scene. All crews in place with patients are to remain in situ and not move until I get the all clear once I've spoken to police. That's all crews to remain in situ with their patients and are not to move until I advise."

30

Do you recall hearing that?

A. I did not hear that, no.

35 Q. Then at 4.02, the Sydney Control Centre broadcasts this message for all cars responding to Westfield:

40 "Sydney, calling all crews heading to Bondi Junction or in the Bondi Junction area, please hold your position. Please do not enter the Westfield. All cars responding, please do not enter the Westfield at Bondi Junction."

Do you recall hearing that broadcast?

45 A. I did hear that, and I was in my ambulance just arriving on scene when I heard that.

Q. Did you have an understanding as to why that message had been issued?

A. No.

50 Q. Did you have a suspicion that it might relate to concerns as to the safety of paramedics entering?



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A. At that point, no.

Q. Do you have an understanding of the concept of a hot zone, a warm zone and a cold zone?

5 A. I do. I've been a member of the Special Casualty Access Team, USAR teams - urban search and rescue teams - so I'm well versed with the hot and cold zone system.

Q. Just in general terms, what's the nature of a hot zone?

10 A. The hot zone is, is where it's active, you will require certain PPE. That could be helmets, breathing apparatus, that type of thing, and specific training to be in that hot zone. The warm zone is an area that's still close to the hot zone, but you don't require the same PPE, and the cold zone is everywhere else, for want of a better simplistic answer.

15 Q. Can I suggest that a hot zone is an active area of threat where no paramedic can be even with PPE, and that a warm zone does enable special operations team paramedics to enter with PPE, and that a cold zone is a safe area?

20 A. Correct.

Q. Do you agree with that characterisation?

A. Yes.

25 Q. We've put you on the spot with a memory test about that. Thank you. Did you have an understanding as to whether there were any SOT paramedics inside the centre when you arrived at 4.03?

30 A. There was a SOT paramedic standing near me and he definitely was not inside. I was not sure until sometime after, when I saw the TOU operations and some TOU-trained paramedics with them, but that was sometime later.

Q. Were you aware that the forward commander, Inspector Simpson, was inside Westfield with crews?

35 A. I was aware, because when we had walked up from our ambulances to the crews to establish the treatment area and transport area, those crews had told us that they were inside, and we were all told to stay outside.

Q. Who told you to stay outside?

40 A. You just mentioned - I never heard that over the radio, but the crews had said they couldn't enter.

Q. Was there a police officer in close proximity to the staging area?

45 A. There was. He was positioned right out the front doors just standing - well, there was multiple police officers, but, but one that stated that nobody could go through those doors.

Q. Was he wearing tactical uniform or in general duties?

A. No, he was general duties.

50 Q. Do you have a sense of his rank, whether he was senior?

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A. He was definitely not a, like an inspector. He, he - from memory he had one, one bar.

Q. Did you have a conversation with that officer at any point?

5 A. Yes.

Q. Tell us about that conversation.

10 A. I simply asked what was going on. There was some confused conversation, bits and snippets of things, another offender, and that it was a hot zone, for want of a better word.

Q. Where did you get those snippets of information from about there being a potential second offender and about it being a hot zone?

15 A. Our triage point was literally 15 metres from, from where he was, and in general conversation, what's happening, that type of thing.

Q. What, other crews talking about that?

20 A. Yeah, yeah. It was something that I didn't get from just one person. There were multiple police walking through and the general vibe was they were, they were looking for another offender.

Q. To the very best of your recollection, what was the conversation you had with him about this issue of a second offender?

25 A. I, from recollection, asked him how come people couldn't - we couldn't get in, and he told me it was, it was basically a hot zone, and we weren't allowed in until it was secure.

Q. Do you remember if he used those words, "It's a hot zone"?

30 A. I'm sorry, I don't, but that was the impression that I was given.

Q. Did you ask him why it was, in effect, a hot zone?

A. I did, and the response was that they were searching for a second offender.

35 Q. They were searching for a second offender. Did he indicate anything more about that offender, whether he had a firearm or a knife or--

A. Once again, the snippets of information was due to the shots fired, that's why they thought there was a second offender.

40 Q. What did you understand about the shots fired? What was your understanding about that?

A. With snippets of information, I'd presumed that a police officer had stopped the threat and that they - those were the shots that were fired.

Q. But that was an assumption that you were making?

45 A. It was an assumption on my part.

Q. Did that officer make any reference, to your recollection, to an active shooter?

50 A. No, not that I'm aware of. Just that it was an active situation.

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Q. How long was that conversation?

A. It actually occurred over a, like a number of minutes with, with me, with him, with other people, so it was ongoing for, for, you know a good five minutes.

5 Q. A five minute conversation with him?

A. Yeah.

Q. Was that you attempting to understand as much as you could about the scenario?

10 A. That's correct, I was trying to understand why people weren't coming out or we weren't allowed in.

Q. You knew that there were New South Wales Ambulance crews inside. What would be the standard practice if it's a hot zone for crews that are inside that zone?

15

A. They'd have to be specifically trained and have the appropriate PPE to allow them to be there. I wasn't sure whether that was the case. I knew one of the TOU officers - TOU paramedics was on the outside with me. Yeah, I just felt there was a - quite a long time involved in decision-making for either

20

Q. Was a paramedic, a special operations paramedic, Mr McKell, on scene? Did you know him?

A. No, I'm sorry.

25

Q. Did you have a conversation - there was a SOT on scene I think you said?

A. There was. I think his first name was Danny. I know him by, by sight. You have to appreciate in my line of work, I don't - I get to see hundreds of different paramedics and can't remember their names, but I've seen him around and I believe his first name might be Danny. He was the one that was on the

30

Q. Did you have a discussion with him about the potential for SOTs to go in?

A. Not that I can recollect.

35

HER HONOUR: Perhaps you could just explain what a SOT is?

SULLIVAN: That's a very good idea your Honour.

40 Q. Can you explain for us what a SOT, a Special Operation Team paramedic is?

A. A Special Operations Team paramedic is one that is trained in some breathing apparatus, abseiling, hostile environments, and some have been specifically trained with the TOU in tactical casualty combat care, and they are embedded with the Tactical Operations Unit of New South Wales Police Force, and they will go through with a team in a, in a hot zone, in a dangerous environment. They wear ballistic vests and helmets, and their job is to assist the TOU in any, any medical component they might require. Their level of expertise ranges from P1, which is your, your stock standard paramedic, through to an intensive care paramedic. It's their training.

45

50

Q. Have you been trained as a SOT previously when you were working with the Special Operations Group with the New South Wales Police Force?

A. Yes.

5

Q. So, you have had the training and understand--

A. I was one of the first trained with the - back then it was the State Protection Group, and spent two and a half years to three years embedded with the New South Wales Police SPG.

10

Q. What period of time was that?

A. Quite a while ago. It would have been from about - sorry, from about 89 to 92.

15

Q. Did you subsequently undertake SOT duties in various forms?

A. That's correct. Once I was moved onto New South Wales Helicopters, I no longer participated in that. My sole role was on, on helicopters as a medical team. But prior to that, I did. I've also taught special forces medics in tactical casualty combat care from 2006 to 2012. So, I'm pretty versed in what their requirements are.

20

Q. Had you ever, in your very lengthy career, encountered a mass casualty event like this, involving an active armed offender?

A. Yes.

25

Q. Tell us about that.

A. I've done multiple. There was, I think from memory - and I couldn't give you the dates, but back in Cabramatta, nine persons shot. I was with the police, went in with those.

30

Q. Just pausing there, as a SOT or as a standard paramedic?

A. Standard paramedic.

Q. Yes.

35

A. As a Special Casualty Access Team member. Have gone around with the TOU - or SPG back then - arresting violent armed criminals. And I also went up to the Northern Rivers area for Malcolm Naden when that was on.

Q. Yes.

40

A. Yeah.

Q. It's also correct that you were involved in the Thredbo disaster?

A. That is correct, yes.

45

Q. I raise this evidence, Mr Wilkinson, because it's relevant to the comments that you make at the end of your statement, that we'll come to in due course. Can I ask, in terms of the conversation that you have with the police officer, approximately how long after you had been on the scene did that occur? Are we talking five minutes, ten minutes?

50

A. No, we're talking I think longer. It wasn't - it didn't appear to me to be too

long before the security guard was brought out on a stretcher, and I was tied up in, in trying to treat him.

5 Q. I don't propose to go through the intricacies of that. We know that Faraz -  
is the name, Faraz Tahir is the name of that security guard - and he's brought  
out of the centre at around 4.15pm, our records indicate. He had a single stab  
wound in the chest area. Together with Dr Hsu and Dr Patton, who is another  
one of the medical teams on scene, there's a decision made to undertake  
10 lifesaving surgery, and tragically it's not successful, and at 4.24pm Faraz is  
tragically declared to have passed.

A. My discussions--

Q. I was just going to say--

15 A. Sorry to interrupt. My discussions with that paramedic from SOT were just  
as Mr Tahir was coming out. That's the timeline.

Q. But from your perspective, and given your long experience, absolutely  
every effort was made to save Faraz, that's right?

20 A. Absolutely. The family can rest assured that we did everything possible to  
save his life.

Q. Thank you. Another patient came out shortly after, a female in her  
20s to 30s with a single stab wound. You made a quick assessment about that  
patient. What was the assessment?

25 A. That's correct. I was actually called by two other paramedics. They had a  
female in her early 20s that was stabbed in the chest. She was stabbed only  
slightly higher than Mr Tahir, but presented completely differently. So, her  
injuries and my triage were that she was not pale, she was able to talk in  
sentences, and she was not extremely tachycardic, and so I directed those  
30 officers to immediately put her on oxygen and take her to hospital. I felt that  
that's where she needed to be, and at that point in time, she did not require the  
need of a medical team.

35 Q. In the ordinary course, a paramedic would absolutely travel with someone  
in that condition, but because it's a major incident with mass casualties, the  
decision was made that you would stay, is that correct?

A. That is correct.

40 Q. Do you recall hearing a direction - or before I ask you that question, do you  
recall the arrival of Assistant Commissioner Brent Armitage on the scene?

A. The first time I saw him was somewhat later. I didn't see him early on the  
scene. That's--

45 HER HONOUR: I wonder if - we're grateful for the services of the interpreter,  
but maybe if you could keep your voice down a little bit? I'm sorry, thank you.

SULLIVAN: Thank you, your Honour.

50 Q. Do you recall hearing or being made aware of a declaration that Westfield  
was a hot zone and for all paramedics to exit at a particular point in time?

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A. No.

Q. You don't recall hearing that?

A. I don't recall hearing it.

5

Q. When did you first become aware that that direction or declaration had been made, that it was a hot zone?

10 A. To be honest, from the police officer at the front doors. It was noisy, there was a lot of people talking. I may not have heard the radio transmission just due to the noise. But I got the sense that it was a hot zone, and nobody could enter was from the policeman at the doors.

Q. That position never changed so far as you were concerned?

A. No.

15

Q. There was a second female patient who came out who you assessed and determined in a similar manner, that she could be transported to hospital without any further intervention, is that right?

20 A. That is correct. Once again, I was asked to quickly assess a female patient. She was stabbed in the back right scapula region, and once again she was able to talk in sentences, she was not oxygen starved, she was not overly tachycardic from the injury. Tachycardia is, is a quick heart rate. That shows me, with a, with a very high heart rate and respiratory rate, that somebody is, is very ill. And I assessed her to be - obviously she had a stab in the back, but  
25 able to be transported by those officers with oxygen on her to the hospital so that there was no delay.

Q. Fair to say that you were very immersed in the assessment and treatment of patients and less concerned with the radio chatter and the like, is that an accurate assessment?

30

A. That's very true.

Q. After that patient, that young lady, was sent to hospital, were there any more patients that came out to your knowledge?

35

A. Mr Tahir came out.

Q. Was that after or before those two?

A. Sorry, he came out before I saw those two.

40

Q. Yes.

A. I saw those two probably within five minutes of Mr Tahir being called deceased. So apart from those two that came out after that, I, I did not see another patient.

45

Q. After that point - and we know that you were stood down at 10.30pm - was there any entry of paramedics into the facility, into Westfield? To your knowledge?

A. Not that I can recollect, no.

50

Q. Can I ask you about your understanding of the New South Wales AMPLAN

major incident document. Are you aware of that particular document?

5 A. I'm, I'm aware of this plan and AMPLAN. My understanding is that they just aid in coordination between various services, both health and first responding organisations. And they just facilitate urgent communications between them and also to facilitate the movement of patients and the treatment of patients hence thereafter.

Q. Are you in your role as a medical team likely to have an AMPLAN role as a forward commander or a treatment officer or the like?

10 A. For me personally as a critical care paramedic based with a medical team, not really. It's not my role to run around and triage. They are, once triaged by other officers, to be brought to a triage area for a second triage. And in so doing, what you have is you have the highest level of care with the training, knowledge, experience, expertise and clinical understanding to put it all  
15 together and then come up with a plan of action, either a treatment plan or a transport plan.

Q. I see. But to summarise that, you're more likely to still have a clinical role as opposed to a command and control role, given your role on the medical team, is that accurate?

20 A. Given my expertise, yes.

Q. All right, thank you. I'm coming now to paragraphs 14 to 16 of your statement, which are in effect, as we take it, your reflections on this incident.

25 At paragraph 14 you say this: "There seemed to be quite a lot of waiting around for more patients, getting snippets of information about the extent of severely injured patients and deceased persons that were in the building". Do you see that?

A. That's correct.

30

Q. Were you concerned that the communications were not flowing particularly well, or how should we - how do we understand that?

A. I was not privy to upper level transmissions. What I could see from boots on the ground was that only Mr Tahir had come out with the other two patients,  
35 and I was left standing there wondering whether there were any more patients like Mr Tahir, to be truthful.

Q. At paragraph 16 you say this: "My personal thoughts are that there was far too long in allowing Ambulance to attend to some of the persons who were in the premises", in effect. "There needs to be much more of an emphasis in situations like this where those that are severely injured need to be treated and removed". And you go on to make reference to this being common with most disasters and incidents like this that we've had in Sydney. What are you meaning to convey when you make those remarks?

40 A. Sure. Well, I'm not an eloquent person, however, I'm trying to convey that I think we need to change the way we do things. As was seen, what happened when the threat was negated, the police officer ran towards that threat and stopped it.  
45

50 Prior to that, when I had been involved with the State Protection Group, it was

simply contain and negotiate. Contain and negotiate. And it appears that the New South Wales Police Force have changed their thought process and the procedures to do exactly what had occurred, and that is, saves lives.

5 I also think that we need to change the way we do things. For me, standing around with boots on the ground on the outside of a premise, knowing that there are people that could possibly be dying on the inside of the premise and simply not going to them because there could be a second offender, or it could be a hot zone, I don't think is good enough.

10 When Dawn Singleton was stabbed, she asked a bystander to ring the police - sorry, to ring an ambulance. There's an expectation that an ambulance will arrive. There's an expectation via the community and just an expectation that if you ring an ambulance, we'll come. And as the Premier said yesterday at  
15 New South Wales Ambulance's 130-year anniversary, we bring calmness to a scene and reassurance to that scene. Somebody with my experience of 42 years, Special Casualty Access Team, critical care paramedic, I felt inadequate being forced to stay on the outside when I thought people may be passing away on the inside. And I gathered that because I had received  
20 Mr Tahir and wondered whether there were others similar to him.

So I think we need to change the way we do it, and I have written that, you know, the way we do it needs to be done in a collaborative process, but the  
25 TOU operators that go in with a TOU, basically a SWAT team, their sole role is to assist the team if they're shot or injured. But what I would have liked to have seen is perhaps with all those stretchers, two stretchers and paramedics go in escorted by police, they pick up those patients and bring them back to a triage centre, a treatment area, and then a transport centre. That is the way  
30 it's supposed to happen, but unfortunately, if we're not allowed in that warm or hot zone, there is a delay, and sometimes that delay costs lives.

Q. Let's pause there. This morning you had the opportunity to read an extract from a statement of a senior police officer, William Watt. That extract has been  
35 circulated to my friends at the bar table. I'm going to show you a copy of that extract.

SULLIVAN: This is paragraphs 73, 74 and 83 of Senior Sergeant William Watt's statement of 23 April 2025, which will be in evidence at some point, your Honour, in the near future. If I could show Mr Wilkinson, please, those  
40 paragraphs. There's no sensitivity in relation to these, I should indicate.

Q. Given the significance of this issue that you're raising, and the apparent parallel of what Mr Watt is saying, I'm going to read this onto the record. Mr Watt refers to, at paragraph 73, that:

45 "In 2020, the New South Wales Police Force also conducted an AAO demonstration exercise for both Fire and Rescue New South Wales and Ambulance New South Wales. This exercise was designed to demonstrate the concept of a rescue task force which is  
50 utilised in a number of jurisdictions in the United States and



internationally.

5 A rescue task force is a specific task-focused group which consists of both police officers and paramedics. The attached police officers' role is to provide protection for paramedics who can assess and treat the injured. The protection provided by the embedded police officers means that medical professionals can be injected into the situation before the location is considered safe.

10 While medical decisions will be made by paramedics, the decision to inject a rescue task force into the incident site is made by the incident commander. The rescue task force ensures that paramedics are protected, confusion is reduced, and medical aid can be accurately directed to where it is most needed. This  
15 approach also improves information sharing and allows a better use of resources to stabilise injured victims and arrange their evacuation to a higher level of medical care."

Pausing there. Is that the concept that you are referring to?  
20 A. That is exactly what I was thinking on the day. It also allows those patients that are critically injured, in a relevant timeframe, to be brought through the triage area so that they are re-triaged, treated, and then transported in a timely manner.

25 Q. Is there an urgent need, in your view, for this concept to be implemented?  
A. Unfortunately, yes. I stood there with my boots on the ground quite frustrated thinking, you know, that people may well be dying upstairs and nobody's doing anything medically for them. Yes, I understand there was three lots of paramedics in there, but they had their hands full. Something like  
30 this is, in my view, very timely and, for the future, very necessary.

Q. Just two very brief final matters. You, no doubt, understand the imperative on the part of the New South Wales Ambulance Service to keep, as the paramount concern, paramedics safe in a situation like this, that is, volatile,  
35 violent and unpredictable?

A. Of course I do. That's, that's - it's a..(not transcribable).. Unfortunately, in something that's a little bit ambiguous, communications is a high priority, and if you don't get the communications right, and you think there's a second armed offender, there's a huge timelapse, and in that timelapse is where the patients  
40 pass away, because we can't help them. This sort of scenario, this sort of set up, would negate some of that timeframe, and, and on the benefit side of, of all patients.

45 SULLIVAN: Nothing further, your Honour.

HER HONOUR: Thank you.

Q. There may be some other questions, Mr Wilkinson.

50 HARRIS-ROXAS: No questions.

<EXAMINATION BY MR TOWNSEND

5 Q. Mr Wilkinson, my name is Paul Townsend. I'm acting for the family of Faraz Tahir. I just have a couple of questions for you, if I may. First of all, my client, his brother, Muzafar, was inadvertently not here when you gave your evidence earlier about the treatment. I'm going to ask the Court's indulgence just to ask you to repeat, if I may, just a small part of your evidence just to establish, first of all, you're an extremely experienced, and extremely highly skilled critical care paramedic. That's right?

10 A. That's correct.

Q. You were with a team of critical care doctors who are skilled in emergency surgery?

15 A. Correct.

Q. At the time that you were treating Faraz, did you and your team do everything you possibly could to save his life?

20 A. We, we did everything we possibly could.

20

25

30 SULLIVAN: Your Honour, perhaps these conversations can be facilitated outside the courtroom, if that would be the preference of the family, rather than the details--

TOWNSEND: Yes. I wasn't - yes.

35 Q. Thank you. Earlier you said that you did everything that you could--

A. My apologies.

Q. No, no.

40 SULLIVAN: Not at all.

TOWNSEND

Q. No. That's what I was inviting you to comment--

45 A. Everything that could be done was done.

Q. Thank you. One or two other things. Relating to paragraph 16 of the statement that you've got there, your comments. Can I ask you, did you attend any meetings called hot debriefs on the evening of 13 April 2024?

50 A. That would be no. The medical teams that did arrive were asked to go back to the base so that they could be operational. And no, we didn't go to

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the, the hot debrief that occurred. I stayed back at Bondi with Dr Hsu for approximately - until about 10.30, I believe.

Q. Did you go to any formal debrief on 21 April 2024?

5 A. Yes. Yes.

Q. Did you have an opportunity to express the concerns that you've expressed today at that formal debrief?

10 A. I did. Yes.

Q. Were you satisfied with the response to your concerns?

15 A. To be honest, I was, in, in that, if I look back, my concerns were raised, and I'm now sitting here in front of the Coroner, telling everybody what my concerns were. So, my hierarchy, my managerial hierarchy and those at the top have done everything that I believe should have been done when I make such comments, so that I can sit here and explain it.

Q. Has anything changed in the way that ambulance officers are trained or directed to perform their duties as a result of those debriefs?

20 A. No. No. I think, I think it will be up to the Coroner, to make assumptions and directions, and then I'm sure Ambulance will, will adhere to directions that are given. But to my knowledge, it's as usual.

Q. Thank you.

25 HER HONOUR: Thank you, Mr Townsend. Mr Roff?

ROFF: No questions.

30 HER HONOUR: Dr Freckelton?

FRECKELTON: We have no questions, thank you.

HER HONOUR: You go last. Yes, thank you Ms Callan.

35 <EXAMINATION BY MS CALLAN

40 Q. Mr Wilkinson, my name is Sophie Callan. I appear on behalf of the New South Wales Commissioner of Police. I just have questions in relation to two topics of the evidence you've usefully given the Court today. It's just a few questions. You recall, in answer to some questions by counsel assisting, you explained about a conversation you had with a police officer who was proximate to the staging area, and you, I think, described that as it being a conversation which felt like it was occurring in snippets?

45 A. Correct.

Q. As I understand it, that's because there was a great deal going on at that time?

50 A. Correct.

Q. Is this the case: you said the conversation was over about five minutes. To be clear, it was snippets over a period of about five minutes. Is that right?  
A. That's exactly right.

5 Q. In terms of the timing of this conversation, which happened in snippets over about a period of five minutes, is it your recollection that that conversation occurred before or after you attended to the treatment of Faraz Tahir?  
A. It was after.

10 Q. After that. In particular, at paragraph 16 of your statement, which counsel assisting has already taken you to, you've had an opportunity to express your perspective with all of the years of experience you've had about the way the Ambulance Service manages the challenge of keeping its officers safe but also adhering to its goal of treating people. When you address that topic, you said  
15 words to the effect to the Coroner, "We need to change the way we do things". Were you talking about the Ambulance Service there?  
A. I'm talking about the Ambulance Service, yes. It's a conundrum.

20 Q. Where you say that your personal thoughts are that it took far too long in allowing the ambulance to attend to some of those dying people, you also explained in your evidence that you were forced to stay outside and that left you feeling frustrated and inadequate?  
A. Correct.

25 Q. That is a consequence, is it not, of the position of the Ambulance Service as at 13 April in terms of when it permits ambulance officers to enter dangerous scenes?  
A. You're quite right. It's - entering a dangerous scene, you know, it's a no no, and for good reason. Why I say things need to change, I'm not  
30 ..(not transcribable)..that suddenly paramedics are allowed to run in everywhere they are. What I'm trying to say is that a system needs to come up and - just like this police officer has said, a system needs to be developed whereby we can, with good communications and in a timely manner, get to these types of patients.

35 Q. So, follow from what you've just described, that you see room for further collaborative, for instance, approach between the Ambulance Service and police to try to address your point about keeping emergency service individuals safe, but also delivering care?

40 A. Absolutely. And it not only - with a collaborative mechanism and system comes communications. And with that, communications, timelines are enhanced, as in they're shortened. And it's those timelines that, when I stood there for so long thinking, "I hope there's nobody else like Mr Tahir", those timelines enable those teams to get to the patients. And then once that's  
45 occurred, they can be brought straight back through the triage system, transport system, and a treatment system.

Q. To your observation, the police were inside during this period of time. Was that your observation?

50 A. That is correct. There was many. Many TOU officers running around with

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long arms all over the place, and they were searching. For somebody standing on the outside without the information, it's quite frustrating.

Q. Those are my questions. There are some other lawyers, though.

CALLAN: Thank you, your Honour.

HER HONOUR: Thank you, Ms Callan. We'll go to court 2.

JORDAN: We have no questions.

CASSELDEN: No questions.

MATHUR: Likewise, no questions.

WILSON: I have no questions.

<EXAMINATION BY MR CHIU

Q. Mr Wilkinson, my name is Hilbert Chiu, and as you know, I represent New South Wales Ambulance in this inquest. Since you prepared your statement, and in preparation for this inquest, as I understand it you've had an opportunity to look at the medical records of the patients who, unfortunately, died in this incident. Is that correct?

A. That's correct.

Q. You've also had an opportunity to look at the medical review conducted by Dr Mazur, an expert who was been engaged by her Honour in this inquest?

A. That is correct. Yes.

Q. Having examined that material, given your vast experience as a critical care paramedic, do you have any criticism of the treatment provided by any of the paramedics to any of the victims?

A. Absolutely not. They should be commended for what they did do in a very difficult situation. I've highlighted what I've, I've stated here today for the future. For things to change for the future. At Bondi, it made me very proud to be a paramedic, to work with those that I normally work with in very difficult situations. Yeah.

Q. Thank you very much.

CHIU: No more questions, your Honour.

HER HONOUR: Anything arising?

SULLIVAN: Nothing arising, your Honour.

HER HONOUR

Q. Thank you very much, Mr Wilkinson, for the fine work that you do. You're

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excused.

A. Thank you.

5 NO EXAMINATION BY MS HARRIS-ROXAS, MR ROFF, DR FRECKLETON,  
MR JORDAN, MR CASSELDEN, MS CLARKE, MR GNECH, MS MATHUR,  
MR PENN, MS ROBB, MR WILSON AND MR LYNCH

<THE WITNESS WITHDREW

10 SULLIVAN: Would it be possible, your Honour, to take an early morning tea  
break if that's--

HER HONOUR: Yes. We can adjourn now. Resume at 11.30.

15 SULLIVAN: And then resume at 11.20? 11.30?

HER HONOUR: We might say 11.30. Yes. Thank you.

SHORT ADJOURNMENT

20

HER HONOUR: Ms Sullivan.

25 SULLIVAN: Just two brief housekeeping matters before I call the next witness.  
Can I tender a copy of the map that was marked by Chris Wilkinson as  
exhibit 2.

HER HONOUR: Yes.

30 EXHIBIT #2 MAP OF LEVEL 4 OF WESTFIELD BONDI JUNCTION MARKED  
BY CHRISTOPHER WILKINSON TENDERED, ADMITTED WITHOUT  
OBJECTION

35 SULLIVAN: Two copies of that and a working copy for your Honour. Might I  
also seek a non-publication order in relation to the portion of Mr Wilkinson's  
evidence that concerned the particular operation that Faraz underwent. That's  
consistent with the orders that have gone up to your Honour. I've checked with  
my friend Mr Townsend, and that's his preference as well.

40 TOWNSEND: Yes. Thank you, your Honour. That's right.

HER HONOUR: Thank you, Mr Townsend. I make a non-publication order  
over the evidence from Mr Wilkinson about the procedure concerning Mr Tahir.

45 SULLIVAN: Thank you, your Honour. I call Assistant Commissioner  
Brent Armitage. His statements are to be found in vol 46 at tabs 1605 and  
1605A.

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<BRENT RAYMOND ARMITAGE, SWORN(11.34AM)

<EXAMINATION BY MS SULLIVAN

5 Q. Can I ask for your full name for the record please?

A. Brent Raymond Armitage.

Q. What's your current rank within the New South Wales Ambulance?

A. Assistant Commissioner.

10

Q. Your current role?

A. Director Control Centres.

15

Q. Before we commence your evidence, Mr Armitage, I understand there's something you wish to say to the families?

A. Yes. Thank you. I would like to offer my sincere and heartfelt condolences. I can't imagine the grief that you have experienced and will continue to experience. Please accept my sincere condolences.

20

Q. Thank you very much. Turning to just the nature of your role, if we can, in brief terms. You've been the director of control centres since April 2023. Is that right?

A. That's correct.

25

Q. Just in general terms, what does that role entail?

A. So I lead a, a group of staff on behalf of New South Wales Ambulance that look after triple-0 call-taking and dispatch of ambulances. That includes control centres - four control centres located throughout New South Wales. Our largest control centre at - in Eveleigh, called Sydney Control Centre, control centres at Charlestown, Northern Control Centre, control centres at Warilla, Southern Control Centre, and a control centre in Dubbo, which is known as Western Control Centre.

30

Q. Your role is based at Homebush. Is that right?

35

A. That's, that's correct.

Q. You're not routinely involved in clinical operations. It's a management role, in effect. Is that right?

A. That's correct.

40

Q. However, you continue to hold your credentials as an intensive care paramedic?

A. That's correct.

45

Q. You provided two statements for the assistance of this inquest. Is that correct?

A. That's correct.

50

Q. The first statement is dated 12 March 2025. Do you have that statement?

A. That's correct.

Q. The second statement is dated 29 April 2025. Is that correct?

A. That's correct.

5 Q. Any corrections that you wish to make to either of those statements?

A. Yes. To the supplementary - supplemental statement signed yesterday. I wish to make a correction to paragraph 101.

Q. What's the correction?

10 A. It states that I took over ambulance command between 16.22 and 16.24. In reference to my original statement at paragraph 40, I took command at 16.26.

Q. Which is the point in time when the fact that you've taken command is, in fact, broadcast over Ambulance radio?

15 A. That's correct.

Q. Any other corrections?

20 A. No.

Q. Just in terms of the structure of the examination. First of all, I'll just take you through some important concepts in terms of the New South Wales AMPLAN. Secondly, turn to your role on 13 April. And finally, ask for your reflections on what happened on that day in terms of this as a very unique learning exercise. Before I commence with the evidence proper, you've had an opportunity to read the report of Dr Stefan Mazur, an emergency physician?

25 A. Yes.

Q. You'd be aware that he underscores the skill, competence and experience of the ambulance officers who attended on 13 April?

30 A. I do. Yes.

Q. And who undertook their task in the most trying circumstances that are imaginable?

35 A. Yes. That's correct.

Q. But he points out that this is a unique learning opportunity that we have to seize upon as a nation, in fact?

40 A. Yes.

Q. You agree with that?

A. I do.

Q. That's the purpose of drawing out any learnings that we can from your exercise. It's certainly not to criticise anyone. I take it you understand that?

45 A. I do. Yes.

Q. Thank you. Please feel free to refer to either of your statements at any point in time. As you know, we're dealing with a large number of information coming on, so if there's some flapping around from my part I apologise in

50



advance. In terms of a New South Wales Ambulance control centre, you deal with this in your first statement at paragraphs 10 to 15. Can you just explain what a control centre is for the benefit of those who aren't familiar with it?

5 A. So as previously indicated, New South Wales Ambulance has four triple-0 control centres located throughout the State of New South Wales. When a member of the community of New South Wales calls triple-0, they are connected to a triple-0 call taker that is located in one of those four control centres.

10 Following the incident being located and primarily triaged through the system, the incident appears on a geographic dispatch board in the location of the home control centre. So, if the incident is in the Sydney jurisdiction, it would appear in the Sydney Control Centre. And from there, dispatchers dispatch ambulances across the State to particular incidents. There is a layer of  
15 supervision in each of those control centres, and they are known as either duty control centre officers or senior control centre officers.

Q. Those are the two key staffing profiles within the call centre: that of the call taker who receives the calls from the public?

20 A. Yes. That's correct.

Q. And then the dispatchers?

A. That's correct.

25 Q. They're responsible for dispatching resources to the scene in a timely manner, in effect?

A. That's correct. Yes.

30 Q. You've set out at paragraph 10 that New South Wales Ambulance control centres respond to more than 1.2 million calls per year?

A. That's correct. And on average, it's between 3,000 and 4,000 triple-0 calls in one 24 hour period.

Q. And in fact, a call is received in order of every 25 seconds?

35 A. That's correct.

Q. What is the role of CAD, a computer-aided dispatch message?

40 A. So the computer-aided dispatch system is the system that allows - the, the computer system that allows the dispatch of ambulance resources. It results in obviously timestamps being associated with actions that occur. Equally, it shows pending incidents, available incidents. It's basically the computer that our dispatchers use to dispatch ambulances.

45 Q. The New South Wales AMPLAN is a document that, in effect, guides New South Wales Ambulance response to major incidents. Is that accurate?

A. Yes. That's accurate.

Q. You're very familiar with that document, I'm sure?

50 A. I am.

Q. A copy of it is annexed to your statement, but it's at tab 1214A of volume 36 for my friends. That document is dated December 2018?

A. It is.

5 Q. Are you aware of whether it's being updated presently?

A. I am. I'm aware that there's a review being undertaken in relation to that document.

Q. And there will be an institutional witness who can speak to that issue?

10 A. Yes.

Q. You've set out at paragraphs 87 and 88 your understanding of the role of AMPLAN, and if I can just summarise. Tell me if you disagree. It is to provide clear incident management procedures and a concept of operations for out of hospital management for major incidents or emergencies within New South Wales. That's right?

15

A. That is correct.

Q. It also draws authority from a number of other New South Wales State emergency plans?

20

A. That's correct.

Q. The aim, in short, is to provide a coordinated response to a given incident or emergency?

25

A. That's correct.

Q. And also to establish a structured and coordinated command and control structure?

30

A. That's correct.

Q. Once a major incident has been declared, ultimate responsibility is assigned to the state ambulance controller. Is that accurate?

35

A. That's accurate.

Q. Can you just tell us, what is a major incident, if you would?

A. A major incident is defined as where the number of ambulance resources on scene - the number of patients requiring treatment, sorry, exceeds the number of ambulance resources on scene. It could also be defined as a significant incident that overwhelms a particular geographical location. For example, a major incident might be different at a regional location in comparison to Sydney with the sheer volume of resources that would be located.

40

Q. And there are different sub-types of major incident. For example, in this case, a mass casualty event?

45

A. That's correct.

Q. What is the significance of a declaration on the part of New South Wales Ambulance of a scene being a major incident?

50

A. It puts a number of processes, processes in place to ensure that the scene

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is supported with the right command and control structure to achieve the greatest good for the greatest number.

Q. Whose responsibility is it to make that declaration?

5 A. The forward commander.

Q. Once on scene and confronted with a mass casualty scenario, that is, where resources are outstripped by the number of casualties, the process of triage sieve and triage sort is triggered. Is that right?

10 A. That's correct.

Q. Can you explain those processes for us please, in general terms?

15 A. In general terms there's an algorithm that's located within our policies and procedures that creates a very small snapshot of a patient, that takes into consideration things such as respiratory rate, pulse, level of consciousness, and an assignment against a category - a traffic-like category, for want of a better term, is assigned to the patient according to their acuity. Once that happens and the patient is withdrawn from the scene to the casualty clearing station, a further assessment is done to ensure that the patient's clinical  
20 category assigned to - sorry, clinical disposition assigns to their clinical category.

Q. So, the triage sort follows the triage sieve and is the more detailed engagement of the patient's condition?

25 A. That's correct.

Q. Then patients are triaged according to certain categories: red, yellow, green and black?

30 A. That's correct.

Q. Red being the most serious?

A. Yes.

35 Q. In terms of the command and control structure which is a key component of the New South Wales AMPLAN, it is based on specific roles rather than paramedic rank, is that right?

A. That's correct.

40 Q. That means that a paramedic who was below your rank, if they were first on scene, even though you might be there five minutes later, would still assume the role of forward commander under AMPLAN?

A. That's correct.

45 Q. AMPLAN sets out certain levels of incident management, namely a tactical level, which is the lowest level of hands-on management of the scene?

A. That's correct.

Q. And the critical role at that tactical level is that of forward commander?

50 A. That's correct.

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Q. In the ordinary course, the forward commander is not embedded in the scene but is outside the incident scene, is that accurate?

A. That's accurate.

5 Q. What's your understanding of the reason for that?

A. To ensure they have a level of situational awareness to make decisions without being embedded within the scene.

10 Q. Then there is the operational level under AMPLAN and that contemplates the role of the ambulance commander managing the incident overall, including in terms of resourcing and priorities, do you agree?

A. That's correct.

15 Q. That was in fact your role on the day?

A. Correct.

Q. As ambulance commander?

A. It was.

20 Q. There was a role above you?

A. That's correct.

Q. What role was that?

25 A. The State operations controller.

Q. Who was in the role on that day?

A. Ms Clare Beech.

30 Q. Is that the strategic level in effect?

A. It is, yes.

Q. That's the final tier of the levels of incident management within AMPLAN?

A. If I could just refer - I think there is--

35 Q. I should say the final relevant level in terms of 13 April, if I can clarify my question?

A. There is one further level at appendix 3 which is the political level, which is a State Ambulance Controller, which on this occasion was Dr Dominic Morgan.

40 Q. The New South Wales AMPLAN sets out very clearly incident management roles and responsibilities in section 6, and it also includes action cards, that's right?

A. That's correct.

45 SULLIVAN: We might bring some of those action cards up if we could please. Action card 9 at page 52 of AMPLAN please. That's tab 1214A of vol 36. If it's possible to zoom, thank you.

50 Q. This is the role that you were performing on the day?

A. That's correct.

Q. That role, as we've alluded to, involves managing the incident overall by coordinating support to the forward command team at the incident site, correct?

5 A. That's correct.

Q. Is that a role that is usually undertaken on scene?

A. No, it is not.

10 Q. Where is it usually undertaken?

A. In an emergency operation centre.

Q. On the day, you attended the scene as an Ambulance Commander?

15 A. That's correct.

Q. Why did you attend the scene?

A. Given the significance of the incident, and in its initial stages the fact that the information was still unclear, a decision was taken that I would attend the scene.

20

Q. When you say a decision was taken, taken by who?

A. In consultation with the State operations controller, we determined that the significance of the incident required a very senior member of the New South Wales Ambulance management team on scene.

25

Q. When you talk about the significance of the incident, is it accurate to characterise it as an unprecedented set of circumstances for the New South Wales Ambulance Service?

A. That would be accurate, yes.

30

Q. New South Wales AMPLAN also sets out a number of other critical roles, so perhaps we could go to action card 4 please. That is the forward commander's role. Do you see that action card?

A. Yes.

35

Q. You're familiar with what that role entails?

A. Yes.

40

Q. Action card 5 please, which is the incident site supervisor, who as we understand it, in effect, assumes responsibility for management of primary triage sieve, and evacuation of patients to the casualty clearing station, correct?

A. Yes.

45

Q. Then action card 6 is the treatment officer, also referred to in the evidence before the Coroner as the casualty clearing officer I believe?

A. Yes.

50

Q. Then action card 7 is the staging area supervisor, and that is also referred to in the evidence as the marshalling officer I believe?

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A. Yes.

5 Q. Then there's also action card 8 which is the loading point supervisor, that's the person who establishes, assists in ensuring that the casualties are loaded and there's a clear record about their movements. Is that fair?

A. That's correct, yes.

10 Q. The evidence as we've touched on refers to different names for some of these roles. Can I suggest to you that that's confusing, to have different terminology for these particular roles?

A. I would agree, yes.

15 Q. Do you think that's something that the New South Wales AMPLAN revision should address in clear terms?

A. I do, and in fact the roles that you mentioned are actually historical roles, and that obviously creates a level of confusion, the fact that individuals have not adapted to these.

20 Q. Because it's critical on the day that everyone understands the terminology in no uncertain terms, agreed?

A. Agreed.

25 Q. Connected to these particular roles are vests that the officers wear with tabards that nominate their labels?

A. That's correct.

30 Q. Can I just bring pictures of those vests up? Tab 601C of volume 11. We see there the ambulance station manager vest. If we could move forward to the next page please. Those are the tabards that slide into the vests, is that correct?

A. Yes.

35 Q. Or Velcro one perhaps?

A. Yes.

Q. Then if we could continue to scroll through. That's the ambulance commander vest?

A. Yes.

40 Q. Is that the vest that you were wearing on the relevant day?

A. Yes, it was.

45 Q. They're all orange. Do you think there's utility in having different colours to connote different roles?

A. There would absolutely be utility in exploring that. Yeah, there would be absolutely utility in exploring it.

50 Q. Can I ask you about the concept of an incident management team. What is that?

A. So an incident management team supports the ambulance commander to

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achieve their priorities and function and role.

Q. From AMPLAN, I'm reading from paragraph 6.9 on page 16, it says:

5            "The size, location, anticipated duration and complexity of the  
             incident will inform the ambulance commander's decision whether or  
             not to establish an incident management team."

If you accept from me that that's what it says.

10          A. I accept that's what it says, yes.

Q. Did you give consideration in your role as ambulance commander to  
whether there should be the establishment of an incident management team?

15          A. No I did not.

Q. Why?

A. Because I, I had come to the conclusion very shortly after 1700 that--

Q. 5pm?

20          A. Yes, 5pm, that the New South Wales Ambulance response was all but  
concluded. There were no further patients.

Q. We'll come back to that. Thank you for that explanation. Just in terms of  
your role as ambulance commander on 13 April, what training had you  
received in, for example AMPLAN and major incident management?

25          A. So I've undertaken a, a university degree in paramedical science which  
includes component parts related to emergency management. That was  
undertaken in 2013. In 2014 I've undertaken a New South Wales Ambulance  
forward commander's course. In 2015 or thereabouts I undertook a  
30          management course in frontline management. In 2019 I undertook the  
New South Wales Police Force Pioneer Commander's course.

Q. What does that entail?

35          A. It entails a three day course run by, at the time, the police  
Counter Terrorism Command. It goes through the strategic and operational  
level command decisions that relate to the counter terrorism incidents and the  
interaction between both New South Wales Police Force, Federal agencies,  
and other New South Wales emergency service organisations.

40          Q. Did that course underscore the importance of co-location of commanders in  
the event of a terrorism incident?

A. It did, amongst other things, including communication and coordination of  
resources and assets.

45          Q. Was there a refresher ever provided under the forward commander's  
course in that period since 2014 I think you said?

A. I believe there was, but I've not been able to locate the date.

Q. You think you did a refresher?

50          A. In some - in 2018 or thereabouts. I should also point out that I undertook a

number of courses offered by the Office of Emergency Management throughout my career from 2008 to today's date.

Q. Have you participated in multi-agency exercises over the last decade?

5 A. Yes, I have participated in a number of multi-agency exercises, including those that are relevant to the active armed offender. In 2020 I undertook the New South Wales Police Force Exercise Bluebottle Number 3, and in 2022, I undertook the New South Wales Police Force Active Armed Offender Exercise Bluebottle Number 5.

10

SULLIVAN: For the benefit of my friends at the bar table, these are referred to - these exercises are referred to in the statement of Assistant Commissioner Peter McKenna at para 140.

15

Q. What years were they?

A. 2020 and 2022 from my recollection.

Q. That was the last time you did such an exercise?

A. Yes.

20

Q. Is there discussion in the context of - is there a debrief after one undertakes an exercise of that nature?

A. There was a, a very short debrief with the attendees at that, but there wasn't a formal New South Wales Ambulance debrief of those that attended.

25

Q. Do you find those exercises which are outlined in general terms in Assistant Commissioner McKenna's statement, do you find them to be helpful?

A. They are absolutely helpful to understand what each agency's role and function is. It's also helpful to build relationships, to understand communication, and ultimately to learn from each other.

30

Q. Appreciating that they must be a significant resourcing impost on each of the agencies, do you think that there's enough of them?

A. No.

35

Q. So that's another potential learning that could come out of this tragic event?

A. Yes.

40

Q. Prior to 13 April 2024 had you ever been involved in a similar major incident like this?

A. Like this, no.

Q. You've been involved in major incidents?

45

A. I've been involved in a number of both planned and unplanned major incidents. I've been the ambulance commander for a number of planned events such as New Year's Eve, Australia Day, Anzac Day, Mardi Gras. I've been the ambulance commander for a number of unplanned events, including command functions during the 2019/2020 bushfires, and the COVID-19 pandemic.

50



Q. But nothing cognate?

A. No.

5 Q. Did you feel on that day that your training had prepared you well enough for something like this unprecedented circumstance?

A. Yes, I did. I felt that I could rely on my training that's been provided, and also fall back on existing policies and procedures of the organisation.

10 Q. AMPLAN at paragraph 7.2 underscores that communication is a vital component of the management of incidents, irrespective of the scale. You refer to that at paragraph 33 of your statement. And it's essential in that context, that early consideration is given to the establishment of a designated major incident channel, that's right?

15 A. That's right. That's correct.

Q. What is a major incident channel?

A. A major incident channel is a dedicated radio channel and dispatcher and supervisor for a particular incident.

20

Q. They use the concept of a major incident board?

A. That's correct. Which is a mirror image of an existing New South Wales Ambulance dispatch board, but is known as a major incident board for the want of a better term.

25

Q. Just in general terms, what are the benefits, or what's the importance of establishing that major incident channel early?

30 A. Establishing the major incident channel early allows responding resources to - and resources on scene, to clearly be able to communicate with the control centre the needs. Equally, it provides a level of situational awareness for those that are responding, and at the same time, it allows the business as usual activity of the particular geographical dispatch board that is affected by the incident to continue without interruption.

35 Q. How is a major incident channel established or instituted?

40 A. A major incident channel is, generally speaking, established on request of the forward commander, or when the forward commander declares a major incident. The senior control centre officer of the control centre needs to, in effect, put that decision into practice if they can, because of course there is a level of staffing overhead to be able to establish a major incident channel. That can be achieved in two ways. The first way it can be achieved is through the fact that we might have those staff rostered to shift anyway that would allow it to occur. The second way it can occur is by moving geographical boards between control centres to create capacity in the control centre that has the incident running within it.

45

Q. Is it a precondition to the establishment of the major incident channel that there has been a declaration of a major incident?

50 A. Not necessarily a pre-condition, but of course it is a prompt for the senior control centre officer to start having things moving in that direction.

Q. In terms of the timeframe on 13 April, we know that Inspector Simpson declared a major incident at 3.48pm, and then the major incident channel was established at 3.53pm, so within some five minutes?

5 A. Yes.

Q. That seems quick on my assessment?

10 A. It does. And without knowing the exact detail of what occurred on the day, I would assume that there were - the senior control centre officer and staff within the control centre had already contemplating this occurring.

Q. It's critical, isn't it, that other officers attending that major incident understand that the major incident channel has been set up?

15 A. That's correct.

Q. So we can see from the chronology that there were a number of references to it being instituted at 3.53, and then again at 3.55 and at 4.25, is my note. There were in fact two broadcasts at 3.53, one again at 3.55 and one at 4.25pm. Does that accord with your understanding?

20 A. Yes, it does.

Q. But in your supplementary statement, you refer to lessons from the field highlighting the importance in terms of the staff appreciating that channel being established, but also there being the need for further training for paramedics to be aware about the need to move to that channel as they respond to an incident like this as well?

25 A. That's correct. And I understand that - and I believe I make the statement, located in either my primary or supplementary statement, that as part of the New South Wales Ambulance mandatory clinical professional development training in July of this year, that that training will occur.

Q. So that's a further important message to draw from this?

A. Yes.

35 Q. Thank you. Coming now to your involvement on 13 April specifically, on that day, you were at home and you received a call from the control centre with an escalation regarding the incident at Westfield Bondi. We know that was at about 3.40pm, correct?

40 A. I received the call. It wasn't directly from the control centre.

Q. Okay.

A. It was from a Mr Robert Fairey, who was the on-call control centre manager. He too was at a residence, at home, or, or not in the centre.

45 Q. Why did that call go to you from that gentleman?

A. Because of the nature of the incident and the fact that it would fit with the New South Wales Ambulance escalation operating procedure to escalate it to myself, he made that call.

50 Q. By virtue of your role, or were you in some duty--

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A. By virtue of my--

Q. --holding some particular phone(as said) at that time?

A. Role, role.

5

Q. Pardon?

A. Role. By virtue of my role, yes.

10 Q. Role, thank you. What did that gentleman tell you about the nature of this incident at that point in time?

A. I can't remember the exact words, but Mr Fairey had identified that there was an evolving incident involving a number of patients that had either been stabbed or shot, and that there was limited information at this time.

15 Q. So at that time, you understood there was a potential for a firearm to have been involved in relation to the victims?

A. I understood that there was a firearm involved.

20 Q. What did you do in response to that information?

A. I escalated the incident to Ms Beech in her capacity as the State Operations Controller, again with limited information that we knew at the time.

25 Q. You escalated by virtue of a phone call?

A. That's correct.

Q. And what was discussed in that phone call, in general terms?

30 A. In general terms, it was the information that had been relayed from Mr Fairey, and the fact that I'd intended to immediately view the CAD remotely and identify the incident's location and what information we knew at the time from a pure CAD perspective.

Q. When you say, "view the CAD remotely", are you talking about on your computer?

35 A. That's correct.

Q. You were able to do that?

A. Yes, I was.

40 Q. And understood something of the seriousness and nature of this incident?

A. Yes.

Q. During that call, were you appointed as ambulance commander?

45 A. It may not have been that call. There were probably two or three phone calls that Ms Beech and I had, but certainly in one of those phone calls it was determined that I would be the ambulance commander and proceed to the scene.

Q. But you assume that role only once you are on scene, is that right?

50 A. That's correct.

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Q. And we know that was at 4.26 as per the broadcast?

A. Yes.

5 Q. When you were getting ready to leave to attend the scene, you're listening for updates on your portable radio, is that right?

A. That's, that's correct.

10 Q. You were on the standard channel as opposed to the major incident channel?

A. That's correct.

Q. But you turned to the major incident channel I think at about 4.13pm, is that right?

15 A. That's correct.

Q. You weren't aware that there was one established prior to that point?

A. I was not aware.

20 Q. When you were en route to the scene, were you continuing to listen to the radio throughout?

A. That's correct.

25 Q. Did you hear a broadcast from Inspector Simpson at around 4.01pm along these lines:

30 "Intelligence reporting at this stage states that there is a second armed offender at the scene. All crews in place with patients are to remain in situ and not move until I get the all clear once I've spoken to police. That's all crews to remain in situ with their patients and are not to move until I advise."

Did you hear that?

35 A. Yes.

Q. What was your understanding as to the status of the scene based on that information?

A. That there was a potential for a second offender.

40 Q. What were you thinking about at that point in time as you're driving to the scene in terms of the safety of your paramedics?

A. The safety of my paramedics is the number 1 responsibility.

45 Q. Did that information convey anything to you in terms of the classification under the hot zone, warm zone, cold zone criteria in work instruction - I can't remember the precise numerical designation - the work instruction that relates to active armed offenders?

A. Yes, it did.

50 Q. What did it suggest to you?

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A. It suggested that there were paramedics located within the hot zone.

5 Q. Within a hot zone. The first time that you confirm on radio that you're responding to the incident is at 4.13pm, you identify yourself as OPS 50, correct?

A. That's correct.

10 Q. That's also the first time you're aware that there's the major incident channel as we've alluded to. At 4.17pm you broadcast a request for the location of the forward commander?

A. That's correct.

Q. Why did you do that?

15 A. I wanted a clear understanding of the physical location of the commander so I could meet him in person when I turned up to see him.

Q. Did you know Inspector Simpson?

A. Sorry, know?

20 Q. Did you know him personally?

A. Yes.

Q. You did. And you knew that he was in Westfield?

25 A. Yes.

Q. In this perilous environment?

A. Yes.

30 Q. There follows an exchange with the radio operator where Inspector Simpson comes on and confirms he's inside, he's with police trying to establish whether there's any further casualties, and importantly, he says he believes the last casualties were coming out to the staging post. That's at paragraph 36 of your first statement?

35 A. That's correct.

Q. So what did that lead you to believe at that point in time, that is, 4.17pm?

40 A. That, that at 4.18, that Mr Simpson and a number of paramedics were located within Westfield Bondi, and that there were no further patients located within the centre.

Q. Could you be sure of that at that point in time?

A. No, I couldn't be sure, no.

45 Q. You arrive on scene, as set out at paragraph 38, sometime between 4.22 and 4.24. You explain the discrepancy, which I don't need to take you to in the incident report. Where did you park your car?

A. On Bronte Road, cross with Oxford Street, about 50 or so metres south down Bronte Road.

50 Q. Does your car have an ambulance commander kit?

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A. Yes, it does.

Q. What does that kit contain?

A. It contains, amongst - so it contains triage tags.

5

Q. Yes.

A. It contains an operational logbook. It contains a number of sundry items that you might need - pens, the like. It contains operational vests and inserts.

10

Q. The vests in the colour that we saw on the screen earlier?

A. Yes.

Q. Anything else?

A. And the inserts.

15

Q. And the inserts?

A. For those vests.

Q. Did you bring your kit with you when you left the vehicle?

20

A. No.

Q. Why not?

A. It was an oversight.

25

Q. Did you take a vest from the kit?

A. No, I did not.

Q. Did you ultimately put a vest on?

A. Yes, I did.

30

Q. How soon after you arrived?

A. As I was walking down Oxford Street.

Q. Where did you get the vest from?

35

A. I carry additional vests. It's - I guess it's important to note that day to day inspectors turn up at a number of different incidents that require them to take command. They're obviously not to the scale of this incident.

Q. Yes.

40

A. An example would be a motor vehicle accident for safety of that inspector, given that they're on the road. And for clear identification of who's in command of that incident, inspectors put on vests that do say "commander" at the back of them.

45

Q. So when you're walking up towards the New South Wales Ambulance staging area - or is it even the command post in effect?

A. It's the command post in effect, in my mind.

Q. And also the staging area?

50

A. Yes.

Q. And also the triage area?

A. Yes.

5 Q. That was on Oxford Street in between the two Westfield towers?

A. It was.

Q. What were your observations when you arrived at around 4.22, 4.24 in terms of the set up there?

10 A. So in terms of the observations, I think I've mentioned I put my forward commander's vest on, my radio on, as I walked down Oxford Street.

Q. Pausing there, you put your ambulance commander vest on?

A. Sorry, yes.

15

Q. Thank you.

A. My apologies. And I noticed a fair presence of the public. They were behind police cordon tape. They - I noticed a fairly large police presence. Walked down Oxford Street. As I approached the, I guess the site set up for  
20 New South Wales Ambulance, I noticed very clear delineation of marshalling area where vehicles were set up. They were ready to go for extrication. The keys were still in the car. I noticed a very clear identified treatment area. In my mind, it was set up extremely well by the responding  
25 inspectors who ultimately set it up in the first instance.

Q. Is that Inspector Saywell who was the marshalling officer, perhaps?

A. Yes.

Q. Or that might have been Inspector Mitchell, was the marshalling officer?

30 A. Set up by the three of them. So--

Q. The three of them. Inspector Andrew Bibby?

A. So Inspector Bibby, Marshall and, and Saywell.

35 Q. Those three inspectors. They had their vests on?

A. They did.

Q. And they had taken the steps to coordinate the scene in that way?

A. They did.

40

Q. Who did you first speak to, in terms of your ambulance colleagues, when you arrived on scene there?

A. Inspector Bibby.

45 Q. What did he tell you?

A. Inspector Bibby provided a handover to me which included, amongst other things, a very succinct overview of the scene itself, what had occurred, what he knew to date, which was limited. A overview of the number of patients, the number of patients yet to be cleared from the scene, which I believe at that  
50 stage was two. One was undergoing a medical procedure as I approached.

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The other was located on an ambulance stretcher about to be transported. He provided information that there were no further patients that were to exit the building, and he provided information to the effect that he could not confirm whether or not the scene was effectively still hot.

5

Q. And to be clear, Inspector Simpson and a number of crews are still inside--

A. They are.

Q. --at that point in time?

10

A. Yes.

Q. But you had a clear understanding that there aren't any other patients to come out?

A. That's correct.

15

Q. Did you understand whether or not there were police inside, that is, Westfield Bondi Junction?

A. I had an understanding that there were a number of police inside from the volume that were entering and exiting the building.

20

Q. You were able to see them going in and out?

A. Yes. But I had no--

Q. Tactical police or general duties?

25

A. Both. But I had no clear understanding of whether Mr Simpson still had - sorry, Inspector Simpson still had police located with him.

Q. During this conversation, was it just you and Inspector Bibby that had this initial discussion?

30

A. Inspector Saywell and Mitchell may well have been a part of it.

Q. Was Acting Superintendent Cronan in attendance at that time, do you recall?

A. I, I don't believe he was.

35

Q. How long was that conversation, to the best of your memory?

A. Probably no more than three minutes.

Q. We know that at 4.25pm, Inspector Bibby broadcast this:

40

"I'm down here at the entrance to Westfield. I'm your casualty clearing officer. Inspector 47 is your loading point officer. Inspector 42 is your marshalling officer. I have Superintendent Armitage also on scene. Inspector 64 remains forward commander but is inside the Westfield. Inspector 63 is site supervisor assisting."

45

Do you recall hearing that transmission?

A. I, I don't recall hearing it directly, but it is accurate.

50

Q. But it was very clear by that point that the inspectors had allocated those



roles to themselves and that it had been broadcast to the rest of the paramedics on scene that they were assuming those particular functions?

A. Yes.

5 Q. Did you, upon arrival on scene, appreciate the necessity to obtain a scribe to document your thinking and decision-making as ambulance commander?

A. Yes. I did.

Q. Did that occur?

10 A. Yes. It did.

Q. Was that paramedic Samuel Leary?

A. Yes. It was.

15 Q. Have you had an opportunity to look at his notes?

A. No. I haven't.

Q. In terms of the second offender issue that Inspector Bibby was unable to clarify for you, what steps did you take?

20 A. I attempted to identify where the New South Wales Police Force forward command post was by asking the nearest most senior ranked New South Wales Police officer I could find.

Q. What rank was that to your estimation?

25 A. I - to the best of my knowledge, it was a sergeant.

Q. A general duties sergeant?

30 A. To the best of my knowledge, yes. And also attempted to identify as to whether they were aware whether the scene was still considered hot, ie, was there still a second offender - was there a second offender, sorry.

Q. Doing your best, appreciating it's some time ago, can you just set out exactly what that conversation was in "he said, I said"?

35 A. So it wasn't just one conversation. There were a number of conversations that occurred. Importantly, there were also a number of other things that were occurring at the same time that I was actively involved in. So there were - wasn't - sorry, I should say other New South Wales Ambulance personnel, including the inspectors, may well have spoken to the sergeant regarding the same matter.

40

Q. Were they around at the time you're having these conversations?

A. Yes they were. So initially, as I'd indicated, there was a request to identify where the police forward command post was. The police--

45 Q. A request from you?

A. Yes it was.

Q. To that officer?

50 A. Yes it was. That officer was not able to provide the location but indicated that he would seek to identify it for us.

Q. Pausing there. Why did you ask him about the police command post?

5 A. I think it's a vital part of any operation, whether it be a small or large scale, that senior commanders co-locate for the purposes - purpose of understanding or having a common operating picture and shared situation awareness of each other's priorities and what they're doing.

Q. Sorry. Keep going. I interrupted you.

10 A. No. I've got nothing else to say.

Q. What else can you recall about that conversation, or the conversations with that officer in relation to the issue of the second offender?

15 A. The officer had provided advice that there was still concern regarding the potential for a second offender on level 6 near the cinemas. And I asked a very direct question regarding whether the scene was still considered hot, and the answer to that was yes.

20 Q. We received on 28 April a statement from a sergeant of police. This is – Sgt 2's statement was tendered this morning. This is his recollection of that conversation, as we understand it. I'm reading from paragraph 7 on page 4:

"This senior unknown commissioned paramedic asked of me, given I was the most senior officer present at the scene, 'Is this still a hot zone?'"

25 I'm sorry. I'll take you back to an earlier point in time, "This paramedic" - that's a reference to you we understand. I withdraw that. "In relation to paramedics" - actually I don't have the rest of the statement that refers to the question. We've asked this officer a particular question about the basis for his  
30 understanding of a phrase used by paramedics on the scene, namely the "hot zone". He is explaining his understanding of where that came from, and he says this:

35 "In relation to the paramedics, yes, this was a term used by them by one senior commissioned officer, who I don't know the name of, whom, on attending the scene, demanded to know where the police operation centre was located."

40 Pausing there. Is that consistent with your account of trying to ascertain the police command post?

A. Yes it is. Equally, I don't know whether someone prior to me, or indeed after me, asked the same question.

45 Q. This officer states:

"I was not familiar at this time exactly where it was positioned. I had no other commissioned officers with me from the New South Wales Police Force, even though I had requested this several times. This unknown senior commissioned paramedic asked of me, given I was  
50 the most senior officer present at the scene, 'Is this still a hot zone?'"

And I said, 'For my purposes, yes. It is still an active crime scene.'"

Do you recall that being said?

A. No I don't. But it may well have been said.

5

Q. "This senior paramedic said to me, 'Sergeant, explain to me why my paramedics are in a hot zone? Why are they inside?'" Does that accord with your recollection of what was said?

A. It may well have been said, but again, I can't recall.

10

Q. And then there's the suggestion that you said this, "Sergeant, if any of my paramedics get hurt or stabbed it will be on your head." Did you say that?

A. Categorically, no. I did not say that. And neither did I witness anyone saying it.

15

Q. So as a function of that conversation, you understood, in effect, that Westfield Bondi Junction, the shopping centre, was a hot zone. Is that a fair assessment?

A. That's a fair assessment.

20

Q. What did you do with that information?

A. I made the decision to withdraw all New South Wales Ambulance personnel from that location.

25

Q. How did you effect that decision?

A. By issuing a direction to Inspector Bibby to forward on my message through to those that were inside.

30

Q. We know at 4.28 there is this message that is broadcast by Inspector Bibby:

"Clearing officer. I have a direction from the police. The scene is still hot. All our crews are to exit Westfield and return to the casualty clearing station. All our crews are to exit Westfield and return to the casual clearing station immediately, as directed by Superintendent Armitage."

35

So that's the execution of your direction?

A. That's correct.

40

Q. That was then broadcast again by the control centre. Is that your understanding?

A. That's correct. Yes.

45

Q. And shortly thereafter the crews came out. That is, around 4.30, Inspector Simpson and other crews exited Westfield in accordance with that direction?

A. That's correct.

50

Q. And importantly, as you have indicated, all the patients were out, so there

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was no-one who was left behind?

A. That's correct.

5 CALLAN: Your Honour, before my friend moves on, I'm instructed to request a non-publication order in respect of Sgt 2's name. Can I ask that be made on an interim basis and we'll support our application with appropriate evidence?

SULLIVAN: There's no opposition to that course. Thank you, your Honour.

10 HER HONOUR: Thank you. I'll make that interim order. A non-publication order over Sgt 2's name.

SULLIVAN

15 Q. We know that, in fact, almost a minute prior to the hot zone declaration, there was a message that went out on the police CAD system at around 4.27pm. You're aware of this message?

A. I am now. Yes.

20 Q. And that is based on a clarification that police had obtained from a senior officer going to the CCTV control room, looking at the footage himself, and forming a view about whether there was more than one offender. And this is what he broadcasts on VKG, that is police radio, "Just for EB10" - that's the police forward commander - "there appears to be the one offender. So  
25 confirming there is just the one offender and nine victims. I am in the security office." So that precedes the hot zone declaration by a minute?

A. Yes.

30 Q. I'm not suggesting that was information known to you, but I'm sure you'd accept from me that it's critical information that would have been relevant to your decision?

A. Yes.

35 Q. The ICEMS functionality permits CAD messages as between the New South Wales Ambulance Service and the New South Wales Police Service to be shared. Correct?

A. That's correct.

40 Q. So there was the functionality for that message to be provided to you by the New South Wales Police Force?

A. That's correct.

45 Q. This is all an observation with the benefit of hindsight. Are there some difficulties in the context of an incident like this with the suggestion that that should have been provided on ICEMS, given your experience with that particular functionality?

50 A. My suggestion would be that it would be best practice that the command functions are co-located to enable the communication between the services to be seamless. Again, reinforcing the fact that there would be a common operating picture and situational awareness of what each other were doing,

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and that information would have been passed between the agencies.

Q. If you had known precisely that information, what would you have done in response?

5 A. With the benefit of hindsight, the area would not have been declared hot. I probably still would have withdrawn Inspector Simpson and the paramedics because there were no patients located within Westfield Bondi Junction at the time.

10 Q. Would it have been of utility for you to have had immediate access to the forward commander, for example, via phone or radio?

A. Yes.

Q. The police forward commander, that is?

15 A. Yes. Or in person.

Q. Accepting that there may be difficulties immediately accessing, in person, your counterpart within the New South Wales Police Force, is there utility in consideration for a commander's radio channel, if such a thing could be

20 instituted?

A. I, I think we should give strong consideration to what that - what might that look like.

Q. What about also an immediate exchange of contact details so that you could, for example, call your counterpart early on in the scene, even whilst you're driving en route, to get critical information, and so that he can speak with you as information comes in, or likewise?

25

A. I think there would be utility in exploring it. There would be a number of challenges in relation to that. Of course the level of inputs that are coming into both sides at that stage to the forward commanders are quite, you know, large. The level of cognitive input and consideration that you're giving as you're responding is significant, but of course we should always consider how we can communicate better.

30

Q. So we know that the hot zone declaration effect had no impact on any clinical outcome, that's very clear, if I may give you that assurance.

35

A. Yes.

Q. And it's not in issue, but this is an important potential learning exercise, you'd agree?

40

A. I would absolutely agree.

Q. In fact, a case study about the critical nature of early communication and ongoing communication as between inter-agencies confronted with a major incident like this?

45

A. That's correct.

Q. Can I ask you about your awareness of specialist operators, that is the SOT paramedics on scene, whether you understood that there were any SOTs in attendance?

50

LTS:DAT

A. I did understand that there were SOTs in attendance.

Q. How did you come to that understanding?

A. I had a conversation with one of the SOTs that were on the scene.

5

Q. Where was that?

A. At the, for want of a better term, forward command post in Oxford Street.

Q. The ambulance forward command post?

10

A. That's correct.

Q. What was the nature of that conversation?

A. It was a very brief conversation to acknowledge that he was on the scene, effectively.

15

Q. Did you have an understanding about how many SOT resources had been activated?

A. I didn't have a full understanding, but I knew that there were a number on scene, including a number of critical care paramedics.

20

Q. What do you mean when you say critical care paramedics?

A. So, critical care paramedics obviously have advanced clinical and operational training.

25

Q. They're part of the medical team?

A. Yes, that's correct.

Q. But they're different, aren't they, to SOTs who are the specialist--

30

A. There are some synergies and there's some that are dual qualified, but they are very similar, yes.

Q. Were you made aware at any point that the SOT duty officer had been activated and was deployed to the scene as a tactical adviser?

A. No, I was not.

35

Q. When did you first find out about that?

A. Most likely after 1757.

Q. 5.57?

40

A. Yes.

Q. How did you find that out?

A. I believe he was on scene.

45

Q. Is that something that you should have been made aware of at an earlier point in time?

A. Yes.

Q. How in the ordinary course should you be made aware of that?

50

A. Communication from the control centre should have occurred.

Q. Did you give consideration in your role as ambulance commander responding to this unprecedented major incident to requesting a tactical adviser for yourself?

5 A. No I did not. I did, however, as my statement indicates, give consideration to appointing a medical commander, of which I did.

Q. That was at a later point?

A. It was.

10

Q. Once you were in what I'll refer to as the second command post on level 6 of Westfield?

A. That's correct.

15

Q. We'll come to that, thank you. After the point where you make the declaration about Westfield being a hot zone, Inspector Simpson and other crews come out, correct?

A. Yes.

20

Q. You then have a conversation with him and other officers, is that accurate?

A. That's accurate.

Q. What is conveyed during that discussion after he's come out?

A. We have a very brief conversation. I'll just refer to my statement.

25

Q. Please do.

A. We had a brief - a very brief conversation that confirmed the locations of the deceased, the number of the deceased, and confirmation that there was no New South Wales Ambulance personnel inside, and just general information in relation to bystanders, because of course at this time, there was still a number of bystanders located in Westfield Bondi that either were behind shutters or indeed in stairwells, bathrooms. There were still children being exited from the building with paper bags over their head. There was requests for New South Wales Ambulance to assist with patients that were located at the rear of the Apple store on Oxford Street. There was still a lot going on with the scene itself. It was still evolving.

30

35

Q. After Inspector Simpson came out, was that the point in time where you had the conversation with the police officer about the hot zone, or that had occurred before?

40

A. That had occurred prior.

Q. After Inspector Simpson exits Westfield Bondi Junction, we know that at 4.50pm he calls off on the radio saying he's no longer the forward commander and had been released. What was the process of transferring the forward command role to another officer, and did that occur? Those are two questions.

45

A. At the time, Acting Superintendent Karl Cronan was on the scene and he was the second-most senior New South Wales Ambulance manager. Karl was in effect appointed to run, even though the terminology wasn't used, the forward command, or the command post area.

50

5 It is not common practice for an ambulance commander to respond directly to the scene. It is not common practice for the ambulance commander to indeed be co-located in the forward command post. There wasn't necessarily a level of urgency to assign a new forward commander. There was a very clear site structure in place, if indeed there were any more patients. It is something that I am confident as part of the review of the New South Wales Ambulance Major Incident Plan will be picked up.

10 Q. Just to break that down a bit. Superintendent Cronan's assessment is that he was the deputy ambulance commander. He makes no reference to ever taking on the role of forward commander, do you accept that from me?  
A. I accept that from you.

15 Q. It follows that there were no other officers referred to assuming the role of forward commander after Inspector Simpson exits?  
A. Yes.

20 Q. In circumstances where that is a critical role in AMPLAN, I want to suggest that there ought to have been, in accordance with the command and control transfer of command procedures, it should have been made clear whether that role was still operational, and whether there had been a transfer of command to another forward commander, do you agree?  
A. I agree, yes.

25 Q. But in this case, as you say, there were sufficient senior officers on scene to discharge those roles, and it made no difference whatsoever?  
A. That's correct. I think it's at 1703 or 5.03 I actually make a broadcast to the effect that Karl Cronan, in my words I believe, was in charge of the site area.

30 Q. Approximately when was that?  
A. Shortly after 1700.

35 Q. Where were you at that point in time?  
A. I believe I was - I'm sorry. I was located on level 6 in the emergency operations centre, or the police forward command post for the want of a better term.

40 Q. I'll call that the second command post.  
A. Sure.

45 Q. Go back to the point in time where you're on scene, you were asking, we know, to be taken to the police command post. I'll find the timing of that. 4.41pm, Inspector Bibby broadcast that you were to join the scene supervisor and request his location and you understood the scene supervisor to be co-located with police, is that correct?  
A. That's correct.

50 Q. He broadcast that he's in a loading dock and attempts to obtain the street name?



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A. That's correct.

Q. Then at 4.44 he's able to tell you that that command post is in Ebley Street. That's the loading dock that I'll refer to as the first command post?

5 A. Yes, that's correct.

Q. What do you do in response to that information?

A. I seek the assistance of New South Wales Police to escort me to that location.

10

Q. Through the shopping centre?

A. That's correct.

Q. When you were walking through the shopping centre, did you see other police circulating?

15

A. Yes.

Q. Tactical police?

A. Yes.

20

Q. And general duties?

A. Perhaps, yes. I can't confirm.

Q. Were there many or?

25

A. There were a number of tactical police on scene, yes.

Q. How long did it take you to get from the ambulance command post through to the first command post on, police command post on Ebley Street?

A. I'd estimate that it's about a 200-odd metre walk. However, there's obviously exit corridors through the back of the complex to the loading dock. I'd say no more than five minutes.

30

Q. You would be there sometime between 4.50, 5 o'clock, is that right? We assume that you've got the address by 4.44, likely to be on scene at the first command post by about 4.50?

35

A. Or thereabouts, noting that at 1703, I radio from the second command post.

Q. When you arrive at the first police command post, what's the setup there and who do you see?

40

A. I see a New South Wales Police Force chief inspector, I see a number of senior tactical police officers and they're engaged in conversation regarding ensuring the clearance of the centre themselves.

Q. Do you know the name of the police chief inspector?

45

A. I do not.

Q. Did you have a conversation with that chief inspector?

A. I had a very brief conversation to introduce myself and was advised that the police command post was moving.

50

LTS:DAT

Q. Did you know why it was moving?

A. No I didn't, but I made, I guess, an assumption in hindsight that that was because perhaps the loading dock is not fit for purpose to run such an operation of this size.

5

Q. So there wasn't a substantive conversation with the chief inspector at that time about the police position?

A. No, there was not.

10

Q. Was Inspector 63 the site supervisor on scene?

A. I believe he was on scene. I can't confirm whether he was on scene as I arrived, to my knowledge.

15

Q. Did you have a conversation with him at that first command post?

A. Yes. I can't recall the contents of it.

Q. Was there any discussion that you can recall in the first command post regarding this issue of the second offender?

A. Not to my recollection.

20

Q. Was it only the New South Wales Police Force and Ambulance in that command post?

A. To my knowledge - there may have been representatives from Westfield security.

25

Q. So the decision is made to move to the second command post. Are you escorted there by police in the same manner as you attended the first command post?

A. Yes, yes.

30

Q. That is how long to get there?

A. So it's literally retracing my steps back through the ground floor of Westfield, across Oxford Street, so through the New South Wales Ambulance command post and to the lifts that are adjacent to the doors at that location, to the best of my knowledge, and then straight up the lifts and it opens up to that location. So five minutes or so.

35

Q. Did you go with Ambulance Officer 1 - I should say Inspector 63 I meant to say, who is subject to a non-publication order?

40

A. I may well have. I can't recall.

Q. You had the scribe Samuel Leary with you?

A. I did.

45

Q. Were there any other ambulance officers with you at the time?

A. I don't believe so.

Q. When you arrived in the second command post, what's your best estimate of the timing of that?

50

A. On or about 1700 or thereabouts. It was definitely - I was definitely there at

LTS:DAT

17.03 when I radioed.

5 Q. Did you find the forward command - and I should have asked this in relation to the command post, the first command post - did you understand the chief inspector that you spoke to, to be the forward commander, police forward commander?

A. Yes, I did at the time.

Q. You did?

10 A. Yes. That's, that's what I had assumed. I didn't ask the direct question.

Q. So you didn't know, you made an assumption?

A. Yes.

15 Q. Did that gentleman have a bald head?

A. Yes.

Q. We know - well actually we don't know whether Chief Inspector Reimer has - does the name Chief Inspector Whalley ring a bell?

20 A. It does. Equally, I was aware that the individual was from the New South Wales Police Force Transport command. I don't know if that helps.

Q. It does help a lot. Thank you. That is, to be clear, in the first command post?

25 A. Yes.

Q. And we know that that's Chief Inspector Reimer. In the second command post, did you speak with a gentleman called Chief Inspector Whalley, who we know to be the police forward commander?

30 A. Yes, I did.

Q. When did you first speak to him?

A. On or just before 5.15.

35 Q. On or?

A. Sorry, approximately 5.15.

Q. Approximately 5.15. You were in the command post at around 5pm, certainly by 5.03pm. The second command post we're talking about now?

40 A. Yes.

Q. And you think you first spoke with Chief Inspector Whalley at 5.15?

45 A. On that basis, it would have been sooner. It was very clear that there were a number of things that the Chief Inspector was trying to ensure occurred in rapid succession, and he had requested - there was a very brief conversation that we had, and he had requested information in relation to the number of patients, the number of deceased, where we had taken those patients. And he - sorry, where we had transported those patients, and he requested information in relation to names, date of births. He had indicated that at 17.30  
50 that we would have a briefing that would include a number of different

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commands within New South Wales Police, the security agencies, and New South Wales Ambulance would play a role in that.

5 Q. What's the basis upon which you think that you may have spoken to him at 5.15?

A. That's the reference to that conversation. So, I believe somewhere between 5.03 and 5.15 it would have occurred.

10 Q. So, it could well have been earlier?  
A. That's correct.

Q. On arrival on level 6, what did you see? Describe it, paint a picture for us.  
A. It was set up in a room adjacent to the lifts. The police had set up--

15 Q. Could you speak up?  
A. Sorry.

Q. Thank you.  
A. We set up a - the room was set up adjacent to the lifts. There were  
20 representatives - a number of representatives from the Westfield security. There were - there was a heavy police presence, both plain clothes and uniformed.

Q. Yes.  
A. There were a number of actions occurring - some of which I understand  
25 and some of which I don't - in relation to ensuring that the investigation was ongoing, ensuring that things were put in place for the victims that remained on scene, ensuring that the bystanders, in particular, were able to be removed from the centre itself. Because of course there still remained a number of  
30 bystanders. So there was some, some, some decisions being made by the tactical teams in there in relation to the movement of, you know, structured movement of them through the centre to ensure everyone was exited.

Q. Yes, so there's a lot going on?  
35 A. There's a lot going on.

Q. Can I just ask this question directly. Did you go in and say, "I'm the New South Wales Ambulance Commander. Take me to the police forward commander"?  
40 A. No, I did not. And in fact my recollection is that it was clear to identify who was issuing the instructions for things to occur, and in fact I walked straight up to him, from my best recollection, and had that conversation as I'd indicated previously.

45 Q. When you say, "It was clear who was issuing instructions", what do you mean?  
A. Well, Mr Whalley--

Q. I see.  
50 A. --was issuing instructions and taking briefings on things that were occurring

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at the time.

Q. As soon as you entered level 6, you saw that he was in effect the forward commander issuing directions to other officers?

5 A. That's correct.

Q. And you did immediately go up to him?

A. Yes. There, there might have been a minute delay or so, but as soon as practicable when he was free, yes.

10

Q. I see. Then you had a conversation with him in the nature of a briefing, is that right?

A. Yes, for want of a better term. Albeit we did a much more larger briefing at or around 17.30.

15

Q. At 5.30?

A. Yes.

Q. You had a large briefing, all right. Did you, during that conversation with Chief Inspector Whalley, ask him about the issue of the potential second offender?

20

A. I believe I did, yes.

Q. What was the response?

25

A. That there was not, to the best of their knowledge.

Q. That's the point in time where there should have immediately been the downgrading of the hot zone declaration, is that right?

A. When I became aware of it, yes.

30

Q. What happened in between that discussion and the 5.30pm briefing?

A. I undertook a number of briefings with both the State Operations Controller and the State Ambulance Controller in relation to the incident. I also had a conversation with Dr Helen Oliver in relation to the number of resources that remained on scene. Helen was tasked with confirming, on the basis of what we knew at the time, how many ambulance resources should remain on scene. Of course, whilst we had the majority of the information, was - the picture was becoming clearer so to speak - we still were going to have an ongoing presence on the site throughout both a short and medium term.

35

40

One of the considerations in events such as this and the like are the fact that there is the potential for bystanders that have been located within areas for periods of time to continue to present as almost second patients to New South Wales Ambulance. And indeed to the best of my recollection, shortly after 4:30, we had a 70-year-old lady present with some chest pain that had been stuck at the back of Apple for some time.

45

Q. I see. Did you specifically request a medical adviser to attend the second police command post?

50

A. I did.

Q. What was the response to that?

A. I requested through the State Operations Controller, Clare Beech, for a medical advisor, and Dr Tom Evens was tasked to be that, to undertake that role.

Q. Excuse me for one moment. At 5:25 - going back to Dr Helen Oliver - she does attend the command post. Do you know what time approximately she was on scene?

A. Can I just refer to my statement?

Q. Please do.

A. I'd say shortly - I'd say between 5:15 and 5:30, because Dr Oliver was definitely involved in - sorry, present for the briefing, to the best of my recollection, at 5:30.

Q. That briefing at 5:30, that's the first time there's that inter-agency direct communication in that way, in the form of this briefing. Who do you recall in terms of the agencies being in attendance?

A. To the best of my recollection, there was a significant presence by New South Wales Police Force, and a presence by Westfield security. There may have been a presence by Fire and Rescue New South Wales, but I could not confirm. And of course New South Wales Ambulance was represented as part of that, that second forward command post.

Q. Inspector 63 was in attendance for the briefing?

A. He was in attendance, in and out, for a period of time. He was sourcing information in relation to - sourcing the information that the Chief Inspector had requested in relation to the patients.

Q. In general terms, can you give us a summary of your best recollection of what was canvassed during the briefing?

A. There was a very brief overview of what New South Wales Police Force knew to date. Confirmation that there was no active or ongoing threat. There was an update provided by myself from a New South Wales Ambulance point of view. There was further instruction given by the Chief Inspector in relation to actions that he wished to undertake that related to the investigation, family contact, contact with those that had been transported to hospital.

There was some clear understanding or, or briefing, from tactical police in relation to their progress in clearing the building. It was clear at that time that there was a - that New South Wales Police had established a very strong command and control framework, and there was very clear command that was in place, from my perspective.

Q. I see. Did you understand that the tactical police were doing a sweep for the purposes of locating civilians who were taking shelter?

A. I understood that they were doing a sweep, which included that, that - the removal of civilians that were, that were sheltering.

LTS:DAT

Q. There was still a distant potential that there may be a patient in the midst of the shopping centre, which was why medical resources remained on scene, is that fair?

A. That's correct.

5

Q. How long was the briefing, to your recollection?

A. I'd say no more than 15 minutes. At which point the discussions that I have previously indicated with Dr Morgan and Ma'am Beech, had indicated that I would attend Waverley Police Station at some point and undertake a media briefing. That I arrive there on or about 1800, or just before. So somewhere between 1730 and - sorry, somewhere around 1745, the briefing concluded.

10

Q. And you left to go to Waverley for the media briefing with the Commissioner?

15

A. Yes.

Q. Or Assistant Commissioner. Prior to leaving at 5:57, or at least en route, you broadcast a transfer of command to Superintendent Karl Cronan, is that correct?

20

A. That's correct. Karl and I had a brief discussion. I handed over the information I knew at the time. I indicated where the police forward command post was, and I indicated that he should attend that immediately. And I left the location to attend Waverley Police Station on or around that time.

25

I also recall at a number of times, I think it was three in total, that I provided detailed briefings for what I knew at the time to all of the paramedics that were on scene on Oxford Street. And to the best of my recollection, that occurred prior to me leaving the scene at Bondi, and I indicated that I would be back at some point after that had occurred on or around 18:20 or so I think.

30

Q. So three separate briefings to the groups?

A. That's, that's--

Q. Just broadly the timing of that, if you could?

35

A. Broadly the timing was somewhere around when I first attended the scene or thereabouts.

Q. Yes, so around 4:24ish?

40

A. Yes. Somewhere prior to me attending - sorry, somewhere after me attending the police forward command post.

Q. Okay.

45

A. So, on or around 15:30 or so. And then when I returned from the police station at Waverley.

Q. All right, thank you.

SULLIVAN: I'm reminded it's 1 o'clock, your Honour.

50

HER HONOUR: We'll take the lunch adjournment and resume at 2 o'clock.

LTS:DAT

LUNCHEON ADJOURNMENT

HER HONOUR: Ms Sullivan?

5

SULLIVAN: Thank you, your Honour.

10 Q. Assistant Commissioner Armitage, it's necessary for me to take you back to some of the chronology in light of some of the media reporting that has followed from your evidence.

A. Thank you.

15 Q. In terms of the chronology, we know that Inspector Simpson and three crews go in at 3:44pm. You're aware of that?

A. I'm aware of that.

20 Q. And then those paramedics do their very best in challenging circumstances to attend to and evacuate all the patients as soon as possible, and by 4:18, Inspector Simpson broadcasts that he's on level 4, he's currently with police trying to establish if there's any further casualties, but he says this: "I believe the last casualty should be coming out to the staging point now. I'll confirm with you shortly." You're aware of that broadcast?

A. I'm aware of that.

25 Q. Then, as we know, there's the hot zone declaration at around 4:28?

A. That's correct.

30 Q. But by the time of the hot zone declaration, all the patients were out of Westfield Bondi Junction?

A. That's correct.

35 Q. So that declaration had absolutely no impact on patient care. That's the position?

A. That's correct.

SULLIVAN: I hope that's clarified that matter for the media. Thank you, your Honour.

40 HER HONOUR: Hope so. Yes.

SULLIVAN

45 Q. If we can return to the point where we concluded for lunch. You'd gone to Waverley Police Station, attended a briefing with your police colleague, Assistant Commissioner Cook, from the New South Wales Police Force. Prior to that, you'd handed over command - that is, the ambulance command role - to Acting Superintendent Cronan, and then you returned to Westfield Bondi Junction to the Ambulance headquarters, if I can call it that, to the command post--

50 A. That's correct.



Q. --on Oxford Street?

A. That's correct. Following a, a media briefing that I undertook on or around 16 - 1810.

5

Q. What did you tell the crews who were there at that time?

A. I provided them as much information as I knew at the time. Indicated that, that New South Wales Ambulance was scaling back its presence on scene given the information we knew at the time, and that we would be keeping, I believe it was one, potentially two crews on standby for the remainder of the incident pending release, or confirmation by New South Wales Police that we were no longer required.

10

Q. That included a medical crew?

A. It did. I believe it included a doctor, a critical care paramedic, and a, a general duties ambulance crew.

15

Q. In fact, was it Chris Wilkinson and Dr Hsu who remained on--

A. I, I can't confirm.

20

Q. At 714pm we know you make a broadcast saying you've cleared the scene, which suggests that briefing took in the order of an hour or so. Is that right?

A. I, I - it certainly would not have taken that long. It would've been no more than 15 minutes.

25

Q. What else were you doing prior to leaving the scene?

A. So I left New South Wales Police Force station at Waverley on or around 1830. I transited back to the scene. I undertook, I undertook the briefing with the staff on scene. Cleared the scene. I can't confirm whether I made that broadcast whilst I was on scene or indeed en route to Randwick Superstation.

30

Q. You headed to Randwick Superstation for what's known as a hot debrief?

A. That's correct.

35

Q. What is a hot debrief?

A. A hot debrief is generally undertaken after incidents of significance. It can be a debrief that covers clinical aspects of the case. For example, as a paramedic I might undertake a debrief with my partner on the job that we just had. What went, what went well; what could we have done better; what were some of the treatment decisions that we made; do we think that aligns to the diagnosis of the patient, or the provisional diagnosis of the patient. Equally, that hot debrief could include - could not include those clinical aspects, but indeed be more around what the individuals have just gone through.

40

45

Q. A welfare component?

A. More of a welfare component.

Q. Does any part of the hot debrief involve sort of any reflections or lessons learnt, or does that come later?

50

A. Hot debriefs can, in the example that I've provided, regarding an individual -

two paramedics having that discussion--

Q. From a clinical perspective?

5 A. From a clinical perspective, go into what we could have done better. But generally speaking, and in this instance, with this incident, we didn't go into that level of detail. The debriefs were quite large. Because of the volume of people, the debriefs were also occurred across multiple locations, and that was because we wanted to get staff as close to their home station as possible so they could go home.

10 Q. Understood. Is this an accurate statement: that the process of reflection, review and learning is deeply embedded into the culture of New South Wales Ambulance?

15 A. I think it's deeply embedded into the culture of New South Wales Ambulance. Equally, I think it's deeply embedded into the profession of paramedicine. As a registered health care professional, I take great pride in ensuring that I self-reflect all the time, regardless of whether that's just in relation to patient care or not.

20 Q. There has been very deep reflection by the Ambulance Service to try and draw out all the lessons learnt in connection with 13 April 2024?

A. That's correct. There were a number of debriefs held subsequent to the incident itself, and there were a number of individual debriefs held with key people, including myself.

25 Q. Your colleague, Assistant Commissioner Wayne McKenna, will speak to some of the lessons that have been learnt in detail when he gives his evidence in some weeks' time?

30 A. He will.

Q. I would like to ask you about, given your critical role as ambulance commander, about your reflections in relation to some of the particular learnings from your perspective. What are they?

35 A. I think in the first instance I'll touch on one which I've mentioned throughout my evidence today, which is in relation to the, the, the co-location of command posts between New South Wales Ambulance and New South Wales Police.

Q. Just keep your voice up please?

40 A. I should point out, I should point out though that it, it is just not relevant for those two organisations. It is my view that it crosses all emergency service organisations, because indeed, the next major incident, God forbid that there is one, could indeed be a fire and that would require seamless communication between Fire and Rescue New South Wales, New South Wales Ambulance and, of course, New South Wales Police Force. It is my experience that the relationship between New South Wales Police Force and New South Wales Ambulance is strong at all levels. We have good relationships both at a senior and on the, on the boots on the ground level. My experience as a paramedic, that tells me--

50 HER HONOUR: Could I ask again that anyone who is listening in remotely put

their computers on mute please.

5 WITNESS: My experience as a paramedic is that when I was to turn up to incidents and required the assistance of police, or indeed when they turned up, we co-located. We shared a common understanding of what was going to occur, and indeed I believe that this happens day in and day out. In my view, it's important that that is embedded. It, it is important that there is clear understanding around the roles and functions of each organisation, and indeed there is a common operating picture for any incident of any nature, but particularly those that are of significance and classified as major incidents, and that there is the opportunity for, as I said, a common operating picture and situation awareness of what each organisation is doing and what we're trying to achieve at a particular point in time.

15 SULLIVAN

Q. In your supplementary statement at paragraphs 50 and 51, you make some comments about New South Wales Ambulance being open to exploring the viability of an inter-agency radio channel for major incidents, and you note that there are some challenges. But then at paragraph 51 you refer to the UK expert, Dr Philip Cowburn, who discusses inter-agency talk groups in which all emergency service commanders can link in via their radio. Do we take it that you think that is an idea with great merit?

20 A. I, I, I, I would - I think that it is definitely worth exploring our options around communication, whether that be mobile, radio, in person, ICEMS or, or indeed some other form.

Q. This is an excellent case study for the necessity for there to be that early communication. Do you agree?

30 A. Absolutely.

Q. Are there other reflections? We've touched upon the pragmatic things like the different coloured vests, in terms of the command control structure. Are there other matters that you would avert to?

35 A. (No verbal reply)

Q. We've also touched upon the terminology in AMPLAN?

40 A. Yeah. Look, I think that - and I believe I touched on it earlier in my evidence, I, I don't think there's a case where you can exercise enough. And whether that's exercising for an active armed offender situation, or indeed something different like a cybersecurity incident or the like. I think that the ability to be able to have joint multi- and inter-agency exercises, which we do, but ensuring that those are - those have the fidelity - as much fidelity as possible; that there are those debriefs in relation to them; that there are those building of relationships at all levels between staff. I think that exercising is paramount to ensuring that when the real thing happens, as it did in this case, that we're able to respond, and respond well, which I believe we did.

50 Q. At tab 1214 we have the "Work Instruction Clinical Operations Response to Active Armed Offender and Public Disorder Incidents". You're familiar with that

LTS:DAT

work instruction. Is that right?

A. I am.

Q. Were you familiar with it as at 13 April 2024?

5 A. I was.

Q. Section 3.3 "Scene Management". You may be familiar with the passage I'm about to read to you. We can perhaps have it brought up on the screen as well. It reads as follows: "Police will divide the incident into three zones", and it then specifies "hot zone, warm zone and cold zone". Can I suggest the pragmatics of that are not, in fact, the way it occurs. That police provide the intelligence that ambulance then use to make that determination about the zone-age?

10 A. If that's the case, I, I'm not aware. I mean, I - the, the work instruction clearly states that there, there's a division in three zones. The assumption I would make on the basis that the work instructions produced, that there's been a level of consultation with New South Wales Police Force in relation to it.

20 Notwithstanding that, if it needs to change, absolutely we will review the work instruction in light of the best advice, with particular reference to active armed offenders. I, I would note though that it is - that having three distinct zones does align to the - does align to categories that are used with CBRN incidents, so it is consistent with categories that are used with CBRN incidents, and indeed providing those three zones--

25 Q. Sorry, what's the terminology you're using?

30 A. CBRN, so it stands for chemical, radiological and nuclear incidents. So having those, having a consistency is important in documentation. Equally, what it does do though is provide New South Wales Ambulance with the option, in the case of an indirect threat, to actually put paramedics into a warm zone to extract patients.

35 Q. Understood. The point is this: it's critical that as between New South Wales Police Force and the New South Wales Ambulance Service, it's understood who's doing what in relation to zone declarations, agree?

A. Without question.

40 Q. It's also critical I'd suggest that the same terminology is used between the agencies and understood?

A. Without question, yes.

Q. Any other reflections before I ask you about things that went well?

A. No.

45 Q. As we started with your evidence, there's no question whatsoever that paramedics on that day faced what we hope to be a once in a career event, and that they demonstrated tremendous courage, bravery and professionalism, and in that context I'd ask you about the things - to highlight the things that you think went well.

50 A. Thank you for the opportunity. I think I'd just first of all like to just

acknowledge that this is a terrible incident that we hope never to see again. It has had wide-ranging impact on a number of people's lives, notwithstanding the families of those that have lost loved ones.

5 It - the New South Wales Ambulance had a - it was very clear that New South  
Wales Ambulance response was significant. It was well undertaken. As with  
all, as with all incidents, or all response to emergency incidents, it is chaotic in  
10 nature in the initial stages. It is clear from the information that I'm aware of the  
scene that the initial responding paramedics and police did the very best that  
they could and provided as much support to the patients that they could,  
support and care to the patients as they could, and indeed it's reflected in the  
expert witness statements regarding the rapid transport times for the patients  
to definitive care.

15 New South Wales Ambulance response times met with the volume of  
resources on scene meant that we were able to provide that significant  
response. I'd like to point out that the first responding crews ensured that they  
utilised their training, their experience, followed New South Wales  
Ambulance's policies and procedures and protocols, and provided that care to  
20 those patients in the initial stages.

The welfare support that was provided after the incident was second to none.  
The staff felt supported and I believe that that in fact comes out through the  
25 lessons identified a framework that they felt supported. And of course the  
debrief process. So right from the response being quick, large scale, treatment  
applied to patients, right through to the setup of the incident site itself, the  
command structures that were put in place, and right through to the debrief  
and welfare support and subsequent formal debrief afterwards. I think there  
were a number of things from New South Wales Ambulance perspective that  
30 went very well during that incident.

Q. Are there particular individuals that you would like to identify was  
warranting commendation?

A. Yeah, there is, and they just don't apply to New South Wales Ambulance.  
35 From the outset, I'd like to acknowledge the control centre staff, the emergency  
medical call takers taking the triple-0 calls. They were the first point of contact  
for many of the patients and bystanders indeed. I've had the opportunity to  
listen to a few of those calls and they are quite horrific, and they did a  
remarkable job on that day to remain calm, to process the calls in accordance  
40 with our primary triage principles, and indeed provide pre-arrival instructions or  
care on the phone until paramedics arrived. So for our call takers, they did a  
remarkable job.

Our dispatchers, and in particular the incident dispatcher who dealt with a  
45 volume of incidents in a short period that New South Wales Ambulance has  
not seen before in the pending incident queue, and with the incident dispatcher  
and indeed the supervisors in the control centre ensured a significant and  
correct response to the patients at Bondi. But equally, the team in that control  
centre actually ensured that the response to the remaining community  
50 members in the Greater Sydney Metropolitan area still occurred.

5 So what should not be lost on people is whilst there was extreme focus on this incident, New South Wales Ambulance still responded to somewhere between three and 4,000 triple-0 calls that day. And on review of the incident itself, there was no adverse patient outcomes or delayed responses to the people in the surrounding communities of Bondi, or indeed Greater Sydney as a result of the large-scale response that we provided.

10 To the responding paramedics, doctors, critical care paramedics, specialist paramedics, my heartfelt thanks to you, to, in particular, to those that entered Westfield, Inspector Simpson for his leadership, the treating paramedics inside, I have no higher praise for what you did on that day. To the broader New South Wales Ambulance support and corporate staff, the support that those, including myself, has received in the days, weeks, months, year since  
15 it's passed, has been well received, but equally, has been on a very high standard.

To my colleagues in New South Wales Police, I'd like to commend on the record Inspector Amy Scott for her actions on that day. The community of  
20 New South Wales is indebted to her. To other New South Wales Police Force members, including the commanders and managers on that day, thank you for your cooperation, for your support, for what you did on that day in support of New South Wales Ambulance being able to achieve its purpose around the care and treatment of patients.

25 More broadly, to the community of New South Wales who has provided messages of support to individuals within New South Wales Ambulance and indeed provided support to New South Wales Ambulance broadly post the incident, thank you to you as well.

30 SULLIVAN: I have no further questions.

HER HONOUR

35 Q. There may be some other questions Assistant Commissioner.  
A. Thank you.

HARRIS-ROXAS: Harris-Roxas for the families of Good, Young and Singleton. No questions.

40 HER HONOUR: Thank you.

TOWNSEND: Your Honour, I inadvertently didn't announce my appearance earlier. Townsend is my name and I appear for the family of Faraz Tahir, and I  
45 have no questions.

FRECKLETON: The Queensland Police Force has no questions.

HER HONOUR: Ms Callan?

50

LTS:DAT

<EXAMINATION BY MS CALLAN

5 Q. My name is Sophie Callan and I appear on behalf of the New South Wales Police Commissioner. Can I ask you, do you have access to your first statement there in the witness box?

A. I do.

10 Q. That's a statement for the record which is at tab 1605?

A. Yes, it is.

15 Q. Can I ask you to turn to page 8 of your statement, paragraph 42?

A. Yes.

20 Q. There you describe a conversation by way of, I think you describe as a handover of information with Inspector Bibby?

A. That's correct.

25 Q. Including in the last sentence you say that he provided you with information in relation to the location of the New South Wales Police Force command post at the loading dock at Gray Street, do you see that there?

A. I do, yes.

30 Q. Do you see then at paragraph 46 you refer to having a discussion with a male police officer outside the Apple store?

A. That's correct.

35 Q. In your evidence earlier today you recalled in that conversation that you asked that police officer about the location of the police command post?

A. That's correct.

40 Q. Can I ask, why did you do so in circumstances where it seems Inspector Bibby had given you that information already?

A. It would be to confirm, however - it would be confirm.

45 Q. You then in your statement refer at, for instance paragraph 51, to some further radio communications which advise about the location of the New South Wales command post, do you see that there?

A. From Inspector 63?

50 Q. Correct.

A. That's correct.

55 Q. Do I take it that from your perspective was there any delay in you ascertaining the location of that command post in terms of realistically how quickly you could get that information to enable you to get to that location?

A. In terms of delay on or about 1626 or 1630 or thereabouts I think it was that I proceeded through Westfield ground level to Ebley Street loading dock. At 1644, sorry I'll correct that, it appears after 1644 I moved through Westfield ground floor to the loading dock, yes.

Q. So upon your arrival at about 1623 or thereabouts you went almost directly to the ambulance staging point, didn't you?

A. That's correct.

5 Q. You undertook your handover with Inspector Bibby, but also it seems you made a number of observations about the steps which had been taken to set up that staging area?

A. That's correct.

10 Q. And otherwise gain situational awareness?

A. That's correct.

15 Q. And that by 1644 you had the information you needed to allow you to locate and then make your way to the police command post at the loading dock?

A. That's correct.

20 Q. It's in that context that I say it doesn't appear there was a delay in you finding out about add realistically getting to that command post?

A. There was an issue in relation to its location, because at 1628 or thereabouts I had a firm view that the location was and remained a hot zone and therefore I did ask after my team was directed out of Westfield Eastgardens, that if I was to enter I'd require an escort through level 3 or the ground level, in which I did.

25 Q. We might be speaking at cross-purposes. For the purposes of you locating and travelling to the command post at the loading dock, did you regard that as requiring a police escort?

A. Yes.

30 Q. And that occurred?

A. Yes, it did.

35 Q. When you got to the command post at the loading dock, in your statement at paragraph 53 you say that you received an initial briefing from the New South Wales Police Force forward commander?

A. Yes, I did.

40 Q. It seems from your evidence earlier today that that's been clarified, it's likely to have been Chief Inspector Reimer that you spoke to?

A. That's correct.

45 Q. And that the briefing was limited to you introducing yourself and you being told the command post is moving?

A. Yes, that's, that's correct. Inspector Reimer, Chief Inspector Reimer was extremely busy. He was dealing with a number of inputs from other New South Wales Police Force colleagues, including the tactical police, and I made the decision, following being notified that the command post was changed, that my needs were not as great as his needs at that point in terms of him making the decisions that he needed to make.

50



Q. Is that why you didn't raise with Chief Inspector Reimer at the loading dock the question of whether police believed there was a second offender?

A. Quite possibly, yes.

5

Q. When you made the determination to characterise Westfield Bondi Junction as a hot zone and directing that any ambulance officers inside the centre withdraw, you make clear at paragraph 49 of your statement that to your understanding, there were no other patients known to New South Wales Ambulance that were being treated by New South Wales Ambulance crews inside Westfield Bondi?

10

A. That's correct.

Q. You say while there were New South Wales Ambulance paramedics still inside Westfield, they were not treating patients?

15

A. That's correct.

Q. You say all patients who required treatment had either been transported to hospital, to New South Wales Ambulance or declared deceased, and you say:

20

"The New South Wales Ambulance paramedics who were inside Westfield were staged to receive and triage any additional patients identified during the New South Wales Police Force sweep of the premises"?

25

A. That's correct.

Q. So, it was those New South Wales Ambulance paramedics staged to receive and triage any additional injured patients, they were the ones who were withdrawn, is that correct?

30

A. That's correct. Including Inspector Simpson.

Q. Yes. At the time you made the declaration, and of course this is informed by your understanding, there was nothing to suggest to you any need to get ambulance officers back inside?

35

A. That's correct.

Q. And as has already been canvassed, the effect of you making this declaration did not compromise the delivery of medical aid to any person, we know that now?

40

A. That's correct.

Q. Where you refer at paragraph 49 to the possibility of any additional injured patients being identified during the New South Wales Police Force sweep of the premises, at the time you made your declaration of the hot zone, you understood that New South Wales Police Force officers were inside the centre and would remain while they did a sweep?

45

A. I understood that there was New South Wales Police Force officers in the premises, yes.

50

LTS:DAT

Q. You describe them I think in, at another place, as clearing the centre?

A. Yes.

Q. That was your understanding of what they were doing?

5 A. That was my understanding, and I believe it was confirmed in the briefing that occurred at 17:30.

Q. Do you understand the purpose of sweeping or clearing the centre was to, amongst other things, identify if there were any other victims?

10 A. Amongst other things, yes.

Q. Yes. And amongst the other things, for instance, evacuating bystanders?

A. Yes. And indeed, potentially looking for another offender.

15 Q. Can I ask you this. If during that sweep or clearance police had located a person needing ambulance assistance, upon that being communicated as commander, would you have then made a decision about whether to permit ambulance officers in?

A. Yes.

20

Q. That would have been informed by up-to-date information about safety of the scene?

A. Yes.

25 Q. Earlier in your evidence you described the initial briefing you had with Chief Inspector Whalley at the level 6 command post?

A. Yes.

30 Q. Can I ask, at the point in time when you move from the loading dock up to the level 6 command post, did you regard Westfield Bondi Junction as a hot zone?

A. Yes.

35 Q. Was that - you talked about being escorted up to that level 6 command point - was that part of, from your perspective, the reason for needing police escort?

A. Yes.

40 Q. Shortly after you arrived at the command post on level 6, you described an initial briefing with Chief Inspector Whalley during which, amongst other things, you asked whether there was a potential second offender and he said there was not?

A. That's correct.

45 Q. I think it emerged in answer to questions from counsel assisting, is this the case, that would have been the time to terminate or downgrade the hot zone declaration, is that right?

A. Yes.

50 Q. Can I suggest that didn't occur because events frankly had overtaken the

need to do so? That is, ambulance officers have withdrawn at about 4:30 and there was no suggestion of any need for ambulance officers to go back into the centre after that?

5 A. That is one explanation. Equally, I just want to touch on some of the human factors that commanders do grapple with in relation to the sheer volume of inputs that they are receiving, and the ability to be able to synthesise that information and make a decision. So equally it could well be that the decision at the time was that, as you indicate, the events had taken over and there was no requirement. Equally, it could well have been a conscious  
10 decision for me not to do it. Equally it may well be the case that it was an oversight.

Q. You describe in your statement, in your supplementary statement, what occurs at an ambulance casualty clearing area such as the one that was  
15 established at Westfield Bondi Junction?

A. Yes.

Q. I think some of the language used in your statement is that it is an area where patient management activities can be focused? For instance,  
20 paragraph 41 of your statement at tab 1605?

HER HONOUR: Just a moment, Ms Callan. The Assistant Commissioner is just finding that statement.

25 CALLAN: Yes, of course.

WITNESS: Paragraph 41 of my supplementary?

30 CALLAN

Q. Of your first statement.

A. Sorry. Yes.

35 Q. You see in the final sentence there you describe the casualty clearing area as a treatment area where patient management activities can be focused?

A. That's correct.

Q. Earlier in your oral evidence you refer to that casualty clearing area as in effect the ambulance command post?

40 A. For the purposes of this incident it was, yes.

Q. You also refer to it as an ambulance forward command post. Do you draw a distinction between those two command post descriptions?

45 A. No, I don't draw a distinction in this instance.

Q. From your view as a commander - and we've heard the emphasis you've placed on the strong desirability of co-location of ambulance and police command, and other agencies, depending on the situation - the ambulance staging area would not have been an appropriate place for a collocated police  
50 ambulance command post, is that right?

LTS:DAT

A. Yes.

5 Q. While you first went to this ambulance casualty clearing area, you as commander immediately wanted to know where the police command post was, is that right?

A. That's correct. Because of the benefits around co-location communication coordination.

10 Q. You formed your own view about the deficiencies in the loading dock to provide that type of command post?

A. Yes.

15 Q. Was it your observation that the location, the second location of the police command post on level 6 was sufficient?

A. Yes, it was.

20 Q. In situations of this scale, where there's a significant police response for instance, is it the case that it's for ambulance command to go to police command, wherever that command post might be, to establish that collocating communication?

A. I think it would be my view that it's a joint responsibility.

25 Q. In this instance it seems that it just made good sense for you to identify where police had set up their command post and join there to create that co-located command situation?

A. Yes. It made sense. I had no evidence, or no information before me, that any police officer was searching for me.

30 Q. Thank you, sir. Those are my questions.

HER HONOUR: Thanks, Ms Callan. Court 2, any questions?

JORDAN: Thank you, we have no questions.

35 CASSELDEN: No questions, thank you.

CLARKE: No questions, thank you.

40 SPEAKER: No questions, your Honour.

HER HONOUR: Thank you. Mr Chiu.

<EXAMINATION BY MR CHIU

45 Q. My name is Hilbert Chiu, and as you know I represent New South Wales Ambulance at this inquest. Do you have a copy of AMPLAN in front of you?

A. Yes, I do.

50 CHIU: For those in the room, it's vol 36, tab 1214A.

LTS:DAT

Q. Could I take you to section 1.3, which is page 1 of the document?

CHIU: Page 7 of the tab, your Honour.

5

HER HONOUR: Thank you.

CHIU

10 Q. There's a subheading there, "Principles"?

A. Yes.

Q. Are you familiar with this section?

A. I am.

15

Q. You'll see there at the beginning of that section it says, "The following principles apply to this plan and its implementation"?

A. Yes.

20 Q. And a number of dot points below that, do you see that?

A. Yes.

Q. You see that the first dot point, and I'll just read the first part of it, says, "Safety of staff, patients, other agency personnel and bystanders is of paramount importance"?

25

A. Yes.

Q. Do you see that?

A. Yes.

30

Q. If I take you back to the point in time when you made the decision to pull the remaining paramedic resources out of Westfield, that is, at about 16:28 - or 4:28pm for Counsel Assisting - when you made that decision, did you have these principles in your mind?

35

A. Absolutely. And in fact those principles are in my mind on a daily basis.

Q. Can you talk us through as a commander what's going through your head when you make that decision in relation to the first dot point?

A. So the three principles that remain in my mind at all times are safety, patients, and communication.

40

Q. Say that again?

A. Safety, patients and communication. With particular reference to safety, from the initial notification or escalation to me regarding the incident itself, my mind turned to the safety of not only the New South Wales Ambulance personnel responding, but indeed bystanders, patients and other emergency personnel.

45

It is of paramount importance that there is no situation where we put paramedics' lives at risk. And of course, as I was responding and hearing the

50

various inputs from different people, including Inspector Simpson, we start to develop this mental picture of what you're responding to and what actions that you might have to take in - when you, when you go on scene and, and, and some of the questions that you need to ask and, and, and some of the responses should, should information come back that indeed there is the potential for danger for the paramedics or staff that are, that are underneath me. And of course, if you change any of those inputs, you can't repeat the same decision because, of course, all of those inputs made me form the view that I did at 16:28.

Q. When you say "all of those inputs", are you also referring to the input patients?

A. Absolutely.

Q. Just talk us through. What was in your mind about that input at that time?

A. In, in terms of that input, there were no other patients at the time I made the decision to declare it a hot zone on the information I had before me. Should there have been patients still located with inside Westfield Bondi Junction, I may well have made a different decision, or I may well have sought further advice in relation to the level of danger that may have been present inside.

Equally, and I believe through some of the evidence I gave earlier, should I have not declared a hot zone, in my mind, there was still no requirement for those paramedics to be inside the building. What they had just been through and witnessed and undertaken, they did not need to continue to be inside that building. They needed to be out of there and co-located so we could provide support to them. We may well have, again, with the benefit of hindsight, swapped over teams. Put different teams inside. As I said, you change the input, I can't make the decision again.

Q. As the ambulance commander, the safety of all of those paramedics, and the patients they treat, that sits on you. Is that correct?

A. It does. And it's my number 1 priority.

CHIU: No further questions, your Honour.

SULLIVAN: There's nothing arising, your Honour.

HER HONOUR

Q. Assistant Commissioner, thank you very much for your evidence today and your leadership and what you did on that day. And to all of those people that you've mentioned and expressed your admiration for the work that they did, I echo that as well. What's particularly welcome in this jurisdiction is the amount of thought you've put into what happened, that you've reviewed it and you've reflected. That is certainly something that is very welcome here in this inquest and in this jurisdiction. I'm most grateful.

A. Thank you so much.

NO EXAMINATION BY MS HARRIS-ROXAS, MR TOWNSEND, MR ROFF,

LTS:DAT

DR FRECKLETON, MR JORDAN, MR CASSELDEN, MS CLARKE,  
MR GNECH, MS MATHUR, MR PENN, MS ROBB, MR WILSON AND  
MR LYNCH

5 <THE WITNESS WITHDREW

10 DWYER: Your Honour, that completes the witnesses for today. We're moving  
along efficiently. Tomorrow there are two witnesses. They are the individual  
known with the acronym of SOT1 and Inspector Green. We'd been hoping to  
get another police witness, but he will now have to come next week. We are  
already one witness ahead of schedule, I think, if we get through those  
witnesses tomorrow.

15 That will leave us sufficient time tomorrow afternoon to deal with the  
non-publication order applications. I propose to just try and take some  
instructions from your Honour now and then get back to parties about how that  
is planned to be dealt with. In my respectful submission, we should use the  
time that we've got tomorrow to deal with it so it doesn't take up any of the  
valuable court time next week. We won't need to sit Friday this week.

20 HER HONOUR: Thanks, Dr Dwyer. Unless there's anything that anyone  
would like to raise, we will adjourn until 10 tomorrow morning.

25 AUDIO VISUAL LINK CONCLUDED AT 2.50PM

ADJOURNED PART HEARD TO THURSDAY 1 MAY 2025