

**Notice of Outcome of Police Misconduct Hearing**  
(Regulation 43 Police (Conduct) Regulations 2020)  
as amended by the Police (Conduct) (Amendment) Regulations 2024

**Officer concerned:** PC Nathan Gallagher: P241490

**Date of hearing:** 16-18 February 2026

**Name of person chairing:** Commander Stephen Clayman

**Name of IPMs:** Purnima Uppal; Rachel Ellis

**Legally Qualified Advisor:** Julian Weinberg

**Location:** Palestra House, 197 Blackfriars Road, London SE1 8NJ

**Outcome:** Allegations 1 and 2 withdrawn by AA. Allegation 3 not proved

**Sanction:** N/A

1. The Appropriate Authority ("AA") was represented by Mr Alan Jenkins, Counsel. The Officer was represented by Mr Guy Ladenburg, Counsel.

Preliminary matters / legal argument

2. No preliminary applications were made.

Background

3. PC Gallagher ("the Officer") faces three gross misconduct allegations. The particulars of the allegations are set out in the Regulation 30 Notice at the end of this determination.
4. The allegations in summary are that on 13 June 2023 the Officer was on duty with PC Wardle in a marked police vehicle in Croydon. At 1616 hours, he was flagged down by a member of the public in Sandfield Road, who was reporting a collapsed male, Mr Usmaan Mahmood. It is alleged that the Officer saw the male lying on the pavement and learnt that he had just been stabbed in the abdomen and therefore required urgent medical attention.
5. It is alleged that the Officer did not call an ambulance until 1617 hours and 52 seconds, nearly two minutes after he arrived at the scene. The male stopped breathing around

1620 hours and 53 seconds, but the Officer allegedly made no efforts to perform CPR or any other emergency first aid, despite the obviously perilous position that the male was in, until other officers arrived and told him to do so at 1622 hours and 3 seconds.

6. In his subsequent statement in relation to the incident dated 13th June 2023, the Officer stated that he heard PC Wardle shout "*he is not breathing*" and the Officer ran to assist.
7. In the Officer's pre criminal interview written account dated 20th October 2023, he stated that he didn't hear PC Wardle call out that the male had stopped breathing.
8. Charge 1 accuses the Officer of a failure to promptly request an ambulance which breached the following Standards of Professional Behaviour:
  - a. 'Duties and Responsibilities', because police officers have a duty to protect the public and preserve life and his delay in calling for an ambulance was a failure to diligently perform his duties; and
  - b. 'Discreditable Conduct', because his failure to promptly call for an ambulance was likely to bring discredit upon the police service and/or undermine public confidence in it.
9. Charge 2 accuses the Officer of a failure to provide appropriate and timely first aid to Mr Mahmood which breached the following Standards of Professional Behaviour:
  - a. 'Duties and Responsibilities', because police officers have a duty to protect the public and preserve life and his delay in providing first aid was a failure to diligently perform his duties; and
  - b. 'Discreditable Conduct', because his delay in providing first aid was likely to bring discredit upon the police service and/or undermine public confidence in it.
10. Charge 3 accuses the Officer of knowingly providing an inaccurate statement on 20th October 2023, stating that the Officer had not heard PC Wardle say the male had stopped breathing when he had heard this, and that this breached the following Standards of Professional Behaviour:
  - a. 'Honesty and Integrity', because knowingly providing an inaccurate statement is dishonest;
  - b. 'Duties and Responsibilities', because he provided an inaccurate statement was a failure to diligently perform his duties; and
  - c. 'Discreditable Conduct', because providing an inaccurate statement was likely to bring discredit upon the police service and/or undermine public confidence in it.

11. The Officer has served a Regulation 31 response in which he accepted the facts of Paragraphs 1-7 of the Regulation Notice but denied allegations 1 and 3. He initially admitted the facts of allegation 2 but only to the extent that it amounted to misconduct. He denied that he had acted dishonestly. Gross misconduct was denied.
12. Following the Officer's legal representatives being informed by the AA that Sue Warner, Senior Advisor First Aid, Policy Assurance and Training, had left the Metropolitan Police and could no longer be contacted and was therefore unable to attend this hearing, the AA obtained a statement from Dr Claire Park regarding the Officer's conduct. Dr Park has been a doctor for 25 years and is a Consultant in Pre-Hospital Emergency Medicine for London's Air Ambulance (LAA) and in Intensive Care for King's College Hospital for 12 years. In contrast to Ms Warner's statement, Dr Park, in summary, made no significant criticism of the Officer's conduct. As a result, at the hearing, the Officer withdrew his admission to allegation 2 at the outset of the hearing.
13. The AA relied on a bundle of evidence which included, but was not limited to, the following documentary evidence:
  - The Investigating Officer's Report dated 22 August 2024;
  - The Regulation 30 Notice including the allegations;
  - Statement of Sue Warner dated 16 August 2023;
  - Statement of Dr Park dated 2 December 2025;
  - Statements of Ann Ingram dated 13 June 2023 and 12 September 2023;
  - Body worn video footage ("BWV");
  - CCTV footage;
  - Statement of PC Haswell dated 13 June 2023;
  - Statements of PC Hinchley dated 14 June 2023 and 2 November 2023;
  - Statement of Lisa Siragusa dated 5 June 2023;
  - Statement of Inspector Alison Desa dated 6 January 2024;
  - Statement of DI Elizabeth Beeston dated 17 January 2024;
  - Post-mortem report dated 12 December 2023;
  - The Officer's response to investigation questions dated 20 October 2023; and
  - The Officer's Regulation 31 response.
14. The Officer produced a number of supporting character statements attesting to his good character and professionalism.

15. The Panel heard live evidence from Dr Park for the AA. The Officer also gave live evidence.

### **Findings of fact**

#### Allegations 1 and 2

16. Charge 1 initially principally relied upon the evidence of Ms Sue Warner. She prepared a statement having viewed the BWV of PC Wardle. She stated in her statement that she had 34 years' experience in the field of first aid. She stated what was included in Emergency Life Support Training and whether the Officer had followed that training.
17. She identified three areas of criticism regarding the Officer's conduct, namely:
- A 360 wound check was not completed, and the Officer did not go down to skin level to check for further injuries;
  - The SAMPLE questions (signs, allergies, medications or drugs, past medical conditions, lasts in and out and environment) were not asked although she conceded that responses from Mr Mahmood were limited so he may not have replied; and
  - CPR was not commenced as soon as Mr Mahmood became unresponsive and stopped breathing.
18. As indicated above, Ms Warner has since left the Police Service and could not be contacted to attend this hearing. As a result, Dr Park was requested to prepare a statement, which she did, having seen the available BWV. Dr Park was also shown the BWV during the course of her live evidence.
19. Dr Park stated that she has attended prehospital scenes with very sick patients across London and the surrounding counties for 15 years.
20. In her written statement, she stated the following:
- "PCs Gallagher and Wardle were flagged down by a female member of the public who reported to have seen Mr Mahmood walk round the corner holding his stomach and collapse on the pavement part way down the road. This lady had parked her car and gone around to see if she could help. The BWV shows the officers' car coming to a stop next to Mr Mahmood at 16:16. PC Gallagher was driving so PC Wardle jumped out to speak to Mr Mahmood who was lying face down on the floor. On saying 'Hello' to Mr*

*Mahmood, PC Wardle is seen to obtain a response of 'Hello' back and Mr Mahmood is seen to push himself up with his hand (with a minor incisional wound seen on it) rolling partly onto his right side. PC Wardle appropriately reports to PC Gallagher that the gentleman is responsive and so PC Gallagher leaves PC Wardle with him whilst he continues with the policing duties of making the scene safe, as at this point they have been told the bystander thinks he has been stabbed but don't know where the attacker was or has gone to, and also don't know where they are, as they were en route to another job and don't have a police CAD in situ. PC Gallagher needs to identify the road junction in order to call for appropriate assistance from additional MPS officers and from the LAS.*

*On the CCTV footage PC Gallagher is seen to be walking from the car with a sense of urgency and is heard on the BWV audio to be asking for the location (which road junctions) and which direction the injured gentleman came from and if the member of the public had seen where the attacker was. At 16:17 and 54 secs PC Gallagher is heard to request an ambulance, less than two minutes after arrival during which time he has secured the scene and collected the information required, got through on the radio to register the CAD and called for appropriate assistance to ensure it comes to the right location. He then is also seen to get the first aid kit out of the car boot and throw it to PC Wardle whilst still trying to ascertain what had happened. The LAS CAD origin is 16:20 which is the time it has then taken for the control room to pass the message from PC Gallagher to the LAS in order to generate a CAD requesting an ambulance.*

*Meanwhile, while PC Gallagher continued to manage the scene, PC Wardle is seen to be continuing to care for Mr Mahmood. He identifies that he has an incisional wound to his upper abdomen, seems to recognise that Mr Mahmood is unwell but also that there is nothing he can do for the injury. He holds a bandage over his abdomen, but seems to be aware this would make no difference. MPS training is that any bleeding inside the chest, abdomen or pelvis cannot be compressed and the officers should just recognise an injury in that area and report it as they have done.*

*Mr Mahmood is seen to deteriorate quite quickly after initially responding quite well to PC Wardle. After sitting up he is seen to be looking pale, slightly grey and his breathing becomes more irregular. There is nothing that either officer could hve [sic] done about this and PC Wardle compassionately continues to reassure Mr Mahmood that help is coming and as soon as Mr Mahmood stops responding he identifies this. He initially*

*says he has stopped breathing but then quickly says he is unresponsive. It was in fact the change in response that he had identified. This is a common thing we have seen confused on initial assessment by officers i.e. an assumption that unresponsive means not breathing when in fact you can be unresponsive but still breathing especially after the airway is opened with a jaw thrust or chin lift. PC Wardle shouts over to PC Gallagher first that hes not breathing and then that he is unresponsive. These are both immediately transmitted on the radio by PC Gallagher. It seems that the next arriving officers have heard this since when they park up at the end of the road and as they run down the street they are shouting to start CPR if he is not breathing before they have even got to the patient and done an assessment, opened the airway or done a breathing check themselves.*

*Just prior to their arrival, PC Wardle lifts the angle of Mr Mahmoods jaw while he is still leaning against the wall, and an agonal breath is seen to occur at 16:22:07. The arriving officers however pull him onto his back and start CPR immediately without further assessment. Mr Mahmood can be seen to continue taking breaths during the CPR, and after a few minutes the officers all realise he is taking breaths and so correctly stop CPR at 16:24 and monitor his breaths for a few minutes until they decide they are insufficient and restart CPR at 16:27:25. Starting CPR was not the wrong thing to do as the breaths were agonal in nature, however when assessed they were stronger and more rapid than typical 'agonal breaths' which seems to be why the officers correctly stopped CPR at that point and reassessed him, continuing to monitor his breathing until they felt it was insufficient [sic] at which point they restarted CPR. During the break in CPR once all clothes were removed, the casualty was rolled over to look for any other wounds in line with their training, and after restarting CPR an oropharyngeal airway (OPA) and nasopharyngeal airway (NPA) were inserted – these are enhanced medic skills and although not possible to see on the BWV it seems these were directed by the ARV officers arriving who possessed these additional skills, and instigated bag valve mask ventilation.*

*The first LAS callsign arrived with the patient at 16:30:38 and the second LAS callsign at 16:31:48. There is a very clear and comprehensive handover from PC Gallagher to the arriving LAS at 16:32:16 and during this time of handover to the LAS (whilst CPR is ongoing) PC Gallagher is seen to be maintaining good oversight and also had had the bandwidth to have taken in everything that had occurred and hand it over clearly, which is not always the case at such incidents.*

*At no point during the BWV I have seen, did the actions of either PC Wardle or PC Gallagher give me any concern that either of them were not doing their best to both care for Mr Mahmood and to obtain the correct additional multiagency assistance, whilst maintaining their primary policing role of securing the safety of the scene for all those present. Both were working hard throughout the footage, having switched from the mindset of going from one job to being flagged down at a completely different job. This is in addition to being in the awful situation of watching a man who was talking to them deteriorate and go into cardiac [sic] arrest in front of them. This is a horrendous situation for anyone involved. From personal experience even as one of the most experienced prehospital trauma doctors in the UK, any patient who talks to me who then arrests and dies is the hardest to mentally process and deal with, even when I fully understand the medicine behind what has happened (and this is not something that I would expect police officers to need to or be able to understand).*

*There was nothing more that either PC Wardle or PC Gallagher or any other police officer could have done to change the outcomes for Mr Mahmood. They had no first aid interventions available to them that could have affected the bleeding from his aorta...*

*I have been asked to comment on whether PC Gallagher and PC Wardle followed their ELS training. PC Wardle was the one providing direct patient care initially with PC Gallagher coming over to assist after appropriately completing other policing duties required.*

*As commented on in point 9 above I do not think there was anything I have seen from the actions of PC Gallagher or PC Wardle that adversely altered the outcome for Mr Mahmood and in fact there was a lot of positive action from both, but especially PC Gallagher that allowed Mr Mahmood a chance of life.*

*In terms of compliance with their first aid training, the only comment for improvement would be that the full 360 degree check for any other penetrating injuries could have occurred prior to the other officers arriving, but this would not have changed the outcome as they had already identified one central penetrating torso injury and had relayed that information over the radio to get the correct resources to the scene.*

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21. In her live evidence, Dr Park reminded the Panel that the Officer was not initially called to attend the stab victim and that as a result, it was natural that it would have taken some time to be prepared for attending such an incident. She stated that, given the nature of the wound, there was nothing the Officer could have done to stem the bleeding.
22. She stated that it would have taken some time to call for medical assistance because initially, the Officer would have had to establish the precise location of the incident. She stated that initially, the stab victim was conscious and responsive and that, in the circumstances, an ambulance was called as quickly as was reasonable.
23. She stated that it is natural to take time to process information when an officer is task focused and that, given the extent of the victim's injuries, it was essential to call for medical help. She concluded that at the time, there was nothing more the Officer could have done and that his actions were reasonable.
24. In response to questions put to her by Mr Ladenburg, Dr Park concluded that she could not identify any breach of training that caused concern and that the victim was given as good a chance of survival as was possible in the circumstances. She stated that a 360 check could have been done, and that to have done so would have been “*perfect*” but seen in context, in that no further bleeding was seen other than the injuries to the victim's stomach and hand, there was nothing further that the Officer needed to do. She concluded that it was understandable why no 360 assessment was made. She also stated that the need for a 360 assessment was something that at the time was not enforced in training but is now.
25. So far as the asking of SAMPLE questions was concerned, Dr Park said that it is

important but was impracticable in this case as the victim was not fully speaking and that it would not have been possible to ascertain answers in the circumstances. She stated that it was not an important aspect of care in terms of what needed to take place at the time.

26. In relation to the timing of giving CPR, Dr Park stated that a delay of one minute was not unreasonable in the circumstances, and that the emphasis on calling an ambulance once the exact location was known was paramount.
27. In light of Dr Park's evidence, Mr Jenkins informed the Panel that the AA had reviewed its position and had concluded that there was no realistic prospect of being able to prove allegations 1 and 2. As such, he offered no evidence in relation to allegations 1 and 2 and applied for them to be discharged.
28. Mr Ladenburg did not oppose the application.
29. Having considered the application in light of the evidence of Dr Park, allegations 1 and 2 were dismissed.

### Allegation 3

30. It was an agreed position between the parties that:
  - In his MG11 dated 13 June 2023, the Officer said that he had heard PC Wardle shout out that Mr Mahmood had stopped breathing and he had run over to him: "*I then began closing off Sandfield Road junction with Melfort Road. As I did this I heard PC Wardle shout to me 'he is not breathing'. I then ran to assist*". This accords with the BWV evidence;
  - In his written account dated 20 October 2023, the Officer said he had not heard PC Wardle: "*The BWV records PC Wardle calling out to me 'he has stopped breathing'. I did not hear the comment at that moment in time. I believe someone said to me 'your colleague is calling you'*";
  - In his written account dated 11 January 2024, the Officer addressed the inconsistency by saying that it was 'minor' and he had not watched the BWV before making his first statement; and
  - At the time the Officer made his further statement on 20 October 2023, he had been

informed that, as a result of concerns being raised that he delayed in commencing CPR to Mr Mahmood, he was being investigated for misconduct, and a criminal investigation had been commenced as to whether the Officer had potentially committed the offence of misconduct in a public office.

31. Having considered all the evidence before it, the Panel makes the following findings of fact. In doing so, it has had regard to the fact that the burden of proof in this case is on the AA and that the civil standard applies, namely proof on the balance of probabilities as set out at paragraph 9.10 of the Home Office Guidance, which states:

*“9.10 In deciding matters of fact, the persons conducting the misconduct meeting or hearing must apply the standard of proof required in civil cases, that is, the balance of probabilities. Conduct will be proved on the balance of probabilities if the persons conducting the meeting or hearing are satisfied by the evidence that it is more likely than not that the conduct occurred. The balance of probabilities is a single unvarying standard (i.e. there is no sliding scale). The seriousness of the allegation of misconduct and/or the seriousness of the consequences for the Officer do not require a different standard of proof, merely appropriately careful consideration by the Panel before it is satisfied of the matter which has to be established. The inherent probability or improbability of the conduct occurring is itself a matter to be taken into account when deciding whether, on the balance of probabilities, the conduct occurred.”*

32. The Panel has also had regard to the principle derived from the case of *Joseph v GMC [2022] EWHC 3345 (Admin)* which reminds panels that *“Where memory is concerned, strength and vividness are not a reliable indicator of accuracy, the process of litigation itself creates biases, emotion and rationalisation must be allowed for, and demeanour is not a sure guide to truthfulness.”*

33. It is also mindful of the extent to which the passage of time may have affected a witness’s memory and that memories can fade with the passage of time. Recollections may change or may become confused as to what did or did not happen at a particular time. It has borne in mind that an honest witness can be mistaken, and a mistaken witness is not necessarily wrong about every fact.

34. The Panel has taken into account the Officer’s good character in considering the reliability of his evidence and his propensity to act as alleged. It was mindful that how an Officer has acted in the past is not necessarily an indicator of how he acted on the occasion in question. However, the Panel is entitled to take that into consideration when

assessing whether or not he acted as alleged, although the significance of such evidence ought not to be overstated and should not detract from the primary focus on the evidence directly relevant to the alleged wrongdoing.

35. The Panel in its deliberations, has also taken account of its obligation, so far as it may be relevant to the facts of this case, to consider the applicability of Section 15 of the Equality Act 2010. The Panel noted that no such issues have been identified by the parties but, as stated below, the Panel has taken into account the [REDACTED] in assessing whether or not he acted dishonestly, and/or without integrity as alleged.
36. In considering the issue of dishonesty, the Panel had regard to the test as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*, in which it was said that:

*“When dishonesty is in question the fact-finding tribunal must first ascertain subjectively the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the objective standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”*

37. In considering the question of integrity, the Panel had regard to the approach as set out in the case of *Wingate, Evans and Malins v SRA (2018) EWCA Civ 366* in which it was said that integrity was a broader, more nebulous concept than dishonesty and that:

*“In professional codes of conduct, the term ‘integrity’ is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members..... The underlying rationale is that the professions have a privileged and trusted role in society. In return they are required to live up to their own professional standards. ....”. it was further said that Integrity connotes adherence to the ethical standards of one’s own profession and professional integrity is linked to the manner in which that profession professes to serve the public. That involves more than mere honesty. The Court of Appeal has therefore ruled that dishonesty and a lack of integrity cannot be treated as synonymous; integrity was about*

*more than simply acting honestly. There is no requirement that a Respondent (as it was in that case) must appreciate subjectively that his conduct lacks integrity.”*

38. It was the AA's case, and it was put to the Officer, that he deliberately lied in his written account of 20 October 2023 to distance himself from any liability for having failed to administer CPR sooner. It was alleged that the Officer must have known that his account given on 20 October 2023 was false because he had accepted in his account on 13 June 2023 that PC Wardle had shouted that Mr Mahmood had stopped breathing and he had acted on it by calling for the emergency services.
39. The Officer in his live evidence willingly accepted that the account he gave on 20 October 2023 was inaccurate, but he denied that he had been dishonest.
40. [REDACTED]
41. By way of explanation for his statement of 20 October 2023, the Officer was asked why he had said that he had not heard PC Wardle's comments at the time. [REDACTED] However, the Officer accepted that, having reviewed the BWV in its entirety, he must have heard PC Wardle as he had relayed on the radio that Mr Mahmood was not breathing.
42. [REDACTED]. He stated that any incorrect information given in that statement was inadvertent, and not a deliberate attempt to deceive and that he had written the best he could at the time. He said that he first watched the BWV on 20 October 2023 immediately before providing his statement. [REDACTED].
43. The Panel was mindful not to assess the Officer's credibility exclusively on his demeanour when giving evidence. His veracity was tested by reference to the other evidence in the case, in particular the BWV. It has reminded itself that it should make a rounded assessment of a witness's reliability, rather than approaching their reliability in respect of each charge in isolation from the others: *R (on the application of Dutta) v GMC [2020] EWHC 1974 (Admin)*. [REDACTED].
44. [REDACTED]
45. In all the circumstances, [REDACTED], the Panel concluded that at the time the Officer gave his account of 20 October 2023, whilst inaccurate and inconsistent with his earlier statement, he genuinely but mistakenly believed he was giving an accurate account of

events and that it was not knowingly untrue.

46. The Panel found that the ordinary decent person would not conclude that giving an inaccurate account in those circumstances, would be dishonest. As such, the Panel found that the allegation of dishonesty was not proved. Similarly, in the absence of a finding that the Officer knowingly made a false account, the Panel makes no finding of a lack of integrity.
47. Given the above, the Panel found the facts of allegation 3 not proved. It therefore follows that the Panel found that the Officer has not breached the Standards of Professional Behaviour as alleged or at all, and that his conduct does not amount to either misconduct or gross misconduct.

**Decision on publication**

48. Mr Jenkins submitted that the decision should be published, subject to private/health matters not being mentioned and therefore redacted. Mr Ladenburg did not object.
49. In the circumstances, the Panel ordered publication pursuant to Regulation 43(6).

Signed and dated

Commander Stephen Clayman

Signed and dated

Purnima Uppal

Signed and dated

Rachel Ellis

### Regulation 30 Notice

1. On 13th June 2023 you were on duty with PC Wardle in a marked police vehicle in Croydon.
2. At 1616 hours you were flagged down by a member of the public in Sandfield Road, who was reporting a collapsed male.
3. You saw the male lying on the pavement and learnt that he had just been stabbed in the abdomen and therefore required urgent medical attention.
4. You did not call an ambulance until 1617 hours and 52 seconds, nearly two minutes after you arrived at the scene.
5. The male stopped breathing around 1620 hours and 53 seconds, but you made no efforts to perform CPR or any other emergency first aid, despite the obviously perilous position that the male was in, until other officers arrived and told you to do so at 1622 hours and 3 seconds.
6. In your statement dated 13th June 2023 you stated that you heard PC Wardle shout “he is not breathing” and you ran to assist.
7. In your written account dated 20th October 2023 you stated that you didn’t hear PC Wardle call out that the male had stopped breathing.

#### Allegation 1

Your failure to promptly request an ambulance breached the following Standards of Professional Behaviour:

- a. ‘Duties and Responsibilities’, because police officers have a duty to protect the public and preserve life and your delay in calling for an ambulance was a failure to diligently perform your duties; and
- b. ‘Discreditable Conduct’, because your failure to promptly call for an ambulance was likely to bring discredit upon the police service and/or undermine public confidence in it.

#### Allegation 2

Your failure to provide appropriate and timely first aid to Mr Mahmood breached the following Standards of Professional Behaviour:

- a. ‘Duties and Responsibilities’, because police officers have a duty to protect the public and preserve life and your delay in providing first aid was a failure to diligently perform your duties; and
- b. ‘Discreditable Conduct’, because your delay in providing first aid was likely to bring discredit upon the police service and/or undermine public confidence in it.

#### Allegation 3

Knowingly providing an inaccurate statement on 20th October 2023, stating that you had not heard PC Wardle say the male had stopped breathing when you had heard this, breached the following Standards of Professional Behaviour:

- a. 'Honesty and Integrity', because knowingly providing an inaccurate statement is dishonest;
- b. 'Duties and Responsibilities', because providing an inaccurate statement was a failure to diligently perform your duties; and
- c. 'Discreditable Conduct', because providing an inaccurate statement was likely to bring discredit upon the police service and/or undermine public confidence in it.

#### Severity

Taken together your breaches of the Standards of Professional Behaviour were so serious that they amount to gross misconduct.