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Vancouver, BC
November 23, 2007

(PROCEEDINGS COMMENCED AT 9:04 A.M.)

THE REGISTRAR: Order. This hearing is now resumed.

THE COMMISSIONER: Mr. Cowper.

MR. COWPER: Thank you, Mr. Commissioner. I'm calling the next witness, Patrick Lewis. If he could be sworn or affirmed.

PATRICK LEWIS: Affirmed

THE REGISTRAR: State your full name, please.

A Patrick Lewis.

THE REGISTRAR: Thank you. You may be seated. Counsel.

EXAMINATION BY MR. COWPER:

Q Mr. Lewis, you're a resident of the City of Vancouver?

A I am.

Q Could you briefly outline your background and what you do for a living?

A For a number of years, particularly the time around the incident, I was executive director of the Royal Commission of Inquiry into Workers' Compensation in British Columbia, a consultant, and I'd done that for a number of years, different commissions of inquiry. I'm currently an administrator at the University of British

1 Columbia.

2 Q Thank you. You were in a taxi-cab on the evening
3 of Saturday, December 5th, 1998 travelling across
4 Scotia Street?

5 A That's correct.

6 Q Could you describe to the Commission what you
7 observed in the course of that cab ride?

8 A The cab was coming I guess it would north on
9 Scotia downhill, and as it approached the
10 intersection it slowed. I was sitting on the
11 right-hand side looking out the window and as the
12 cab passed by the alley-way I saw an individual
13 lying in the alley. He was rising up on his
14 elbows. My recollection is he was on two elbows
15 but it may have just been one. He was rising up.
16 His face was toward the cab, he was facing out of
17 the alley. My recollection is thinking -- I
18 might have even commented to the taxi-cab driver
19 at the time that it was a remarkably bad place to
20 sleep.

21 Q Now, how do you place the time at which you saw
22 the figure?

23 A I'd been working quite late, it was near the end
24 of the commission, I'd been working quite late on
25 a report. I hadn't seen my sworn statement for a

1 number of years but I did recently see it and it
2 said it was somewhere around ten o'clock. My
3 daughter had suggested I go to a party I was
4 supposed to be attending, and so I left soon
5 after that. It would have been around ten
6 o'clock at night.

7 Q I'd like you to deal in some detail with what you
8 saw. What did the figure look like? What way
9 was he facing?

10 A The individual, his head was to the west and his
11 feet would have been to the east. He was
12 basically prone on the alley-way, in the middle
13 of the alley-way, and was rising up. I don't
14 know whether he was rising up because he had
15 heard the cab or -- but he was -- he appeared to
16 be lifting his head up. I couldn't see his face.
17 My recollection is that he had straggly hair. I
18 don't really -- the cab was slowing but it wasn't
19 stopped.

20 Q Could you ascertain the individual's ethnicity?

21 A No, I couldn't see his face clearly. I was just
22 aware that he was there and he was rising up.

23 Q Did you have any impression of whether the
24 individual was in distress or not?

25 A Well, I mean, 10:30 at night in an alley-way in

1 Vancouver, I just assumed he was in distress.

2 Q How long did this glimpse take in your estimate?

3 A I -- it couldn't have been more than a few
4 seconds but we were slowing down. I think
5 there's a stop sign at the intersection of 1st
6 and Scotia. I haven't been back to the alley-way
7 since but the cab was definitely slowing, so a
8 few seconds.

9 Q Did the cab driver have an opportunity to see the
10 man as well?

11 A I wouldn't know. I don't know.

12 Q What did you know about that particular location?

13 A I had only -- I was going to a party which was
14 only about half a block away and I believe that
15 the individuals who found Mr. Paul's body were at
16 the same party. I'd only been there once before
17 for tea in the afternoon to meet the owner of the
18 loft apartment, and I think when we were there a
19 comment had been made that detox was behind the
20 building but I didn't know where in that block
21 detox would be. I was aware there was a detox
22 centre there.

23 Q Could the witness have Exhibit 17 placed before
24 him, Mr. Registrar.

25 A Thank you.

1 Q Mr. Lewis, I'm going to ask you to turn to
2 photograph A16.
3 A A16?
4 Q Yes, A16.
5 A Yes.
6 Q Do you recognize the alley-way that has been
7 photographed here?
8 A I don't recall the shrubs on the side, but yes,
9 it's the alley-way.
10 Q Just to be clear, that's the alley-way that you
11 have been testifying about?
12 A Yes, yes.
13 Q Could you indicate just by description firstly
14 where the man's figure was that you saw from the
15 cab?
16 A The figure would have been more in line with the
17 puddle that you can see in the alley-way further
18 back. He wasn't that far back in the alley-way.
19 He was closer to the mouth of the alley but
20 somewhat in line with what would be the north
21 side of that puddle, so in the middle of the
22 alley.
23 Q Do you have a recollection of whether the
24 alley-way was lit that evening?
25 A Yeah. My recollection is it was lit, yes.

1 Q Do you have any recollection of his clothing?

2 A Not terribly good. I mean, it seemed to me that
3 it was dark clothing, but he was facing towards
4 me and rising up and I think he was mainly
5 shadowed so I didn't really register the
6 clothing.

7 Q You provided a statement at some point. Before
8 we deal with the statement, with respect to your
9 recollection today, have you exhausted what you
10 recall today of that observation? Is there
11 anything else that you saw that you recall today?

12 A No, I don't think so.

13 Q Now, you said earlier in your evidence you may
14 have said something to the cab driver. Do you
15 believe you said something? I'm not sure what
16 the "may" in that remembrance was.

17 A My recollection is I said something to the cab
18 driver but when I saw my sworn statement taken by
19 the police two weeks later, in the statement it
20 says that I thought it or said it, I wasn't sure
21 whether I'd actually expressed it out loud, but
22 my recollection is that I had said it to the cab
23 driver but that's nine years ago so...

24 Q Do you have any recollection of him saying
25 anything to you?

1 A No.

2 Q I'm going to come to the statement later but
3 let's go -- after that you went to a party, I
4 take it?

5 A Yes.

6 Q Let me ask a question. Since it's Saturday
7 evening, had you had anything to drink before you
8 went to the party?

9 A No. I'd spent the evening and most of the day
10 working on the commission's final reports.

11 Q Did anything occur in the party in relation to
12 what you'd seen?

13 A Well, are you referring to my actions? I did do
14 something.

15 Q Okay.

16 A When I went into the party I went to my then
17 girlfriend, now wife, and said to her that there
18 was a guy in the alley-way. Both she and I had
19 done work with the crisis centre and things like
20 that, and I was concerned about him, and she
21 doesn't recall that comment, she didn't recall it
22 at the time but I'm not surprised with that.
23 She'd been there for an hour and a half and it
24 was 30, 35 people in a pretty small loft
25 apartment, it was a pretty loud party. I went

1 back to -- my recollection is that I went to the
2 telephone and I think it was the owner of the
3 apartment was on the telephone and I didn't use
4 it. I came back into the party -- I was in the
5 midst of the party -- and I became distracted and
6 didn't make the call in the end.

7 Q With respect to the conditions that evening, do
8 you recall what the temperature was like?

9 A I don't really -- I don't really recall, other
10 than it was -- I have a vague recollection of
11 standing at that -- at the entrance-way to the
12 building pushing the numbers for the building to
13 get in and feeling cold and uncomfortable, it was
14 inclement. I don't know whether it was freezing
15 or raining but it was definitely not a pleasant
16 evening.

17 Q I don't think for the record you said -- the
18 party was at 215-336 East 1st?

19 A That sounds correct. I've only been back to that
20 building one more time.

21 Q Was it dry or wet? Was it raining? Describe the
22 state of the precipitation that evening.

23 A I really -- I honestly can't remember that. Like
24 I say, it was an unpleasant evening but, you
25 know, 10:30 at night on December 5th in Vancouver

1 is often unpleasant.

2 Q What time did you leave the party?

3 A We were probably there a couple of hours.

4 Q Did you see anything after you left the party?

5 A No. I called -- we tried calling for a cab and
6 there was -- we couldn't get one. So I -- my
7 wife stayed I think in the doorway to the
8 building and I walked down 1st to Main Street and
9 picked up a cab there.

10 Q Passing on, how did you become aware of Mr.
11 Paul's death?

12 A About two weeks later I was -- I was at the
13 commission office at lunch time I think it was
14 and I went up to Duthie's Books, which at that
15 time Duthie's Books had bought Bollum's Books at
16 the corner of Georgia and Granville. I got a
17 book, went to the cash register and I recognized
18 the person behind the cash register and said, you
19 know, you were at this party, and he said, yes,
20 you're with Eva, aren't you? And I said yeah.
21 He said, were you there when we found the body?
22 I guess I expressed surprise and he said there
23 was a guy dead in the alley-way and the police
24 are taking statements. So I immediately went
25 back to my office and phoned the police.

1 Q Who was that?

2 A I didn't know his name at the time. I had
3 probably been introduced to him at the party. I
4 believe it was Vic Yoon.

5 Q How do you spell Yoon?

6 A I believe it's Y-O-O-N. He was a school friend
7 of my wife's and a school friend of the people
8 holding the party.

9 Q What happened after you called the police?

10 A I -- it was a very busy time. It was the end of
11 a two-year commission and I don't recall whether
12 they phoned me that day or whether it was a
13 couple of days later but I was contacted by an
14 officer of the police force and I gave a
15 statement over the telephone.

16 Q I'm going to take you to that in a second. Did
17 you provide any other statements to the police in
18 respect of this incident?

19 A No.

20 Q Did you ever have an interview with the police?

21 A No.

22 Q I showed you the photograph some time ago. Had
23 you ever seen the photograph of Mr. Paul's body
24 in the back alley before that time?

25 A No.

1 MR. COWPER: I wonder, Mr. Registrar, if we could have tab 19,
2 binder 1 for the purpose of counsel.

3 THE COMMISSIONER: Who was the person in Duthie's Books you
4 spoke to?

5 A His name is Vic Yoon. I'm pretty sure Victor is
6 his full name.

7 MR. COWPER:

8 Q Mr. Lewis, I'm showing you a typewritten
9 statement, unsigned, dated December 20, 1998. Is
10 that the statement that you provided by telephone
11 to the police?

12 A It appears to be, yes.

13 Q Do you recall, was it Doug Staunton, Detective
14 Doug Staunton on the telephone?

15 A The name sounds familiar but that's all.

16 Q Did you sign this statement at some point?

17 A Actually, I have thought about that and I don't
18 recall signing the statement.

19 Q Earlier in your evidence you referred to a sworn
20 statement. Is there any other statement or is
21 that --

22 A This is what I'm referring to. I'm sorry, I
23 probably used the wrong term.

24 Q That's okay. Between the date of December 20,
25 1998 and my contacting you, had anybody else in

1 connection with Mr. Paul's death asked you with
2 respect to your memory of this incident?

3 A No. Just to be clear, are you saying anybody
4 else or are you saying anybody connected with --
5 I mean, I talked about this with my wife.

6 Q I'm not talking about social --

7 A At a social level. I didn't talk about it very
8 often but my wife and I talked about it
9 sometimes.

10 Q You mentioned earlier that your wife doesn't
11 recall the conversation at the apartment that you
12 recall?

13 A No.

14 Q Aside from social conversation, and I apologize
15 for the imprecision in my question, did any
16 official, not necessarily the police, any Crown
17 counsel, any government official, anybody that
18 was concerned with respect to the facts of Mr.
19 Paul's death, contact you and ask you to talk
20 about the incident?

21 A No, only on a social level.

22 Q Now, one point in your statement at the second
23 page, you refer to a Black Top cab receipt and a
24 Black Top cab number. Did you deliver that
25 receipt to the police?

1 A No. My recollection is that I asked the officer
2 if it was necessary and he said no, it probably
3 wouldn't be necessary.

4 Q Is that available presently?

5 A No, I didn't retain it.

6 Q Do you have any other documents or notes or
7 anything else which would record what you saw
8 that evening, other than what we have before us?

9 A No, I don't.

10 MR. COWPER: Mr. Commissioner, I'd like to mark the statement
11 dated December 20, 1998 as the next exhibit.

12 THE COMMISSIONER: Number, please.

13 THE REGISTRAR: 23.

14 **(EXHIBIT 23: Statement of Patrick Lewis)**

15 MR. COWPER: I was proposing to have the witness's description
16 of the location of the body not be made more
17 precise than lined up with the pool, but I think
18 it makes sense and I've been asked to ask the
19 witness to mark an X where he indicates and
20 that's tried and true form.

21 Mr. Registrar, there are copies of A16 which
22 I provided this morning. Could I ask for a
23 separate copy of that to be provided to the
24 witness.

25 Q Mr. Lewis, could you put an X as close as you can

1 to the location where you believe you saw the
2 individual that evening. Thank you. You've done
3 so?

4 A Yes.

5 MR. COWPER: Could we have that marked a separate exhibit
6 please, Mr. Commissioner.

7 THE COMMISSIONER: Yes, that will be the next exhibit.

8 THE REGISTRAR: 24.

9 **(EXHIBIT 24: Copy of Photograph A16)**

10 MR. COWPER: That is one of the photographs which has been
11 identified as being one which will form part of
12 the public record so it will just be a normal
13 exhibit.

14 THE COMMISSIONER: Where you have marked, just so I'm clear on
15 this, Mr. Lewis, the mark that you have put on
16 this photograph indicates where you saw this
17 person lying, as you say, prone at the time when
18 you went by?

19 A That's correct, sir.

20 THE COMMISSIONER: Thank you.

21 MR. COWPER: Mr. Registrar, could you hold that up -- could
22 you hold it up towards us. Thank you. Those are
23 my questions, Mr. Commissioner. Mr. Lewis, other
24 counsel may have questions for you.

25 A Yes.

1 THE COMMISSIONER: Mr. Eastwood?

2 MR. EASTWOOD: No questions.

3 THE COMMISSIONER: Mr. Hern, do you have any questions?

4 MR. HERN: No questions, Mr. Commissioner.

5 THE COMMISSIONER: Mr. Crossin?

6 MR. CROSSIN: No questions.

7 THE COMMISSIONER: Mr. Woodall?

8 MR. WOODALL: Just one or two questions.

9 **EXAMINATION BY MR. WOODALL:**

10 Q You just marked a spot on a photograph indicating
11 where you saw Mr. Paul?

12 A No, I just -- I indicated where I saw an
13 individual in a lane. I didn't know it was Mr.
14 Paul.

15 Q I apologize. Where you saw an individual in the
16 lane way?

17 A Yes.

18 Q The individual when you saw him was not prone but
19 he was on his elbows, probably two but perhaps
20 one?

21 A Yes. He was -- my recollection is that he was
22 moving up and, like I say, I don't know whether
23 that was the -- the sound of the taxi caused him
24 to raise his head up or what, but he seemed to be
25 moving up.

1 Q Not only was he likely on two elbows but he was
2 also moving?

3 A He was moving.

4 MR. WOODALL: Thank you.

5 THE COMMISSIONER: Mr. McKenzie, do you have any questions?

6 MR. MACKENZIE: Very briefly.

7 **EXAMINATION BY MR. MACKENZIE:**

8 Q Could I see the last exhibit, please.

9 Is it then your summary of your evidence
10 that the man in the alley was alive, you
11 concluded he was alive at the time you saw him;
12 is that correct?

13 A Yes.

14 Q One thing you noted in your statement was the
15 hair, he seemed to have bushy hair. Can you give
16 us any more information about his hair?

17 A My recollection is that -- it appeared to be
18 shaggy. I mean, I couldn't see his face but his
19 hair seemed to hang around his head.

20 Q All right. I wonder if the witness could see
21 Exhibit Number 17.

22 A A17?

23 Q Exhibit 17 which is a booklet of photographs, I
24 believe. Have I got that correct, Mr.
25 Commissioner?

1 If you could look at the individual
2 photographs at B12, the photograph at B12.

3 A Yes.

4 Q You'll see in B12 there's a gentleman there and
5 his hair, does that accord with what you noted
6 about the hair, shaggy hair?

7 A It could accord with what I saw, yes.

8 MR. MACKENZIE: Thank you. Nothing further.

9 THE COMMISSIONER: Mr. Kelliher, do you have any questions?

10 MR. KELLIHER: Yes, just a few, Mr. Commissioner.

11 **EXAMINATION BY MR. KELLIHER:**

12 Q Sir, when you say that Mr. Paul -- it was Mr.
13 Paul -- when you saw him moving, do you mean by
14 that that he could raise his head and look toward
15 you?

16 A That's what he appeared to be doing, yes.

17 Q There were no other bodily movements that you
18 observed?

19 A No.

20 Q Sir, this is more a matter of clarification, and
21 maybe it's me that's got it wrong. I understood
22 you to say that Mr. Paul was positioned in such a
23 way that his head was toward the west and his
24 feet were toward the east; is that correct?

25 A That's correct.

1 Q He was not lying across the alley-way but
2 parallel, if you would, to the alley-way but in
3 the alley-way; is that correct?

4 A He was on an east-west axis in the alley-way. He
5 was not crossed to the alley-way, he was in line
6 with the alley.

7 Q Sir, if that was the case, if he was -- if his
8 head were to the west and he was up on one elbow
9 looking ahead, wouldn't he be facing east?

10 A No. Maybe I'm describing this incorrectly. His
11 head was toward the mouth of the alley and where
12 the cab was. I was to his west and he was facing
13 the cab. So when he raised himself up, my
14 impression is he was raising up, he was facing
15 west.

16 Q Was he looking across his feet to see you?

17 A No, there was no feet in the way.

18 Q Then would he have had to turn his head
19 completely around?

20 A Sorry, I'm not following.

21 THE COMMISSIONER: I have it clear, I think, Mr. Kelliher,
22 that he was lying prone in the alley, as the
23 witness describes, facing the taxi, facing west,
24 and his feet were facing east.

25 A That's correct.

1 MR. KELLIHER:

2 Q So he was lying on his stomach?

3 A Yes.

4 Q I didn't understand that.

5 A Yes, he was lying on his stomach.

6 Q He was lying on his stomach?

7 A And raising himself up like that.

8 THE COMMISSIONER: He raised himself on his elbows.

9 A Yes.

10 MR. KELLIHER:

11 Q I misunderstood. I thought the evidence was that
12 he was on his back, but he was on his stomach?

13 A Yes.

14 Q Sir, we see from the photograph A16 that there
15 were large puddles, at least one large puddle in
16 that alley-way?

17 A That's correct.

18 Q Can you recall at the time whether it was raining
19 as you passed the alley-way?

20 A I really don't recall whether it was raining or
21 not. Like I say, it was not a pleasant night but
22 I don't recall if it was raining.

23 Q All right. Was there any other vehicle traffic
24 or pedestrian traffic you can recall in the area
25 at that time?

1 A I can't recall any. When we left there was --
2 like I say, we couldn't get a taxi-cab so I
3 walked to Main Street along 1st and I walked
4 basically in the middle of 1st, and my
5 recollection is that there was another couple
6 walking in front of me in the same direction, I
7 think they were going to get a cab as well. I
8 don't recall seeing any car traffic, any other
9 pedestrian traffic for the whole evening.

10 Q Sir, was it your conclusion when you saw this man
11 that he was a street person?

12 A Yes.

13 MR. KELLIHER: Those are my questions. Thank you very much,
14 sir.

15 THE COMMISSIONER: Mr. Ward?

16 MR. WARD: Yes, thank you.

17 **EXAMINATION BY MR. WARD:**

18 Q Sir, my name is Cameron Ward. I represent the
19 United Native Nations Society at this inquiry and
20 I have a few questions for you about the
21 circumstances in which Exhibit 23 identified as
22 your statement was prepared.

23 A Yes.

24 Q I take it you did not personally type this
25 document up, did you?

1 A You know, I really can't remember to tell you the
2 truth. My recollection is I gave it to the
3 officer over the telephone but I don't recall
4 receiving the typed copy, just as I don't recall
5 signing it.

6 Q I'll come to that in just a moment. Did you have
7 a single telephone conversation with the homicide
8 detective?

9 A Yes.

10 Q If you go to the last paragraph that may assist.
11 What I infer from this, and perhaps you can
12 assist with this, is that the typed version was
13 sent to you electronically but you were unable to
14 print it off because you didn't have a fax
15 machine at your home, or that you delivered it
16 electronically because you couldn't print it off.
17 Do you
18 recall --

19 A I really --

20 Q -- what happened there?

21 A No, I don't recall.

22 Q Did the officer advise you he was recording the
23 content of your telephone conversation with him
24 in some fashion?

25 A Yeah, that was -- that was my understanding. I

1 don't recall him saying specifically. My
2 understanding is he was taking a statement, yes.

3 Q Did you retain on your computer a form of this
4 document that you subsequently printed off and
5 kept?

6 A I don't recall.

7 Q You don't have one with you today?

8 A No, I don't. I've been through a number of
9 computers since then.

10 Q As probably all of us have. You said in your
11 evidence, sir, as I noted it anyway, when you saw
12 this individual in the lane or alley you were
13 concerned about him?

14 A Yes.

15 Q Is that because you were concerned about his
16 safety given that he was in the middle of a paved
17 alley and that it was a cold, wet winter night?

18 A Both, yes.

19 Q You indicated when you got to the party you went
20 to a telephone?

21 A Yes.

22 Q Who were you going to call or why were you going
23 to use the telephone?

24 A I was going to use the telephone to call and
25 report that I had seen the individual in the

1 lane.

2 Q To police or ambulance?

3 A I would have called 911.

4 Q 911. Is it fair to say then that your intention
5 was to make a call through 911 on an urgent basis
6 for some appropriate authority to come and render
7 assistance to this individual?

8 A Yes.

9 Q That could be either the police or the Ambulance
10 Service?

11 A Yes.

12 Q And that, again, arose out of your concern for
13 this man's safety and well-being?

14 A Yes. I became distracted at the party and didn't
15 follow through.

16 Q Right. Just -- I didn't quite catch it, but what
17 commission or commissions of inquiry were you
18 working for?

19 A At that time I was the executive director of the
20 Commission of Inquiry into Workers' Compensation
21 in British Columbia. I was also on the
22 management policy committee of the Commission of
23 Inquiry into Policing in BC so I sometimes get
24 titles mixed up.

25 Q Was that the Oppal Commission?

1 A I was on the Oppal Commission. I was on the
2 management policy committee of the Oppal
3 Commission and I was executive director of the
4 Gill Inquiry into Workers' Compensation. I also
5 served on the Gove Inquiry into Child Protection
6 and a number of others.

7 Q This, sir, may go without saying, but in your
8 experience with these commissions of inquiry have
9 you found it important to gather together all
10 relevant documents and records in order for the
11 commission to do its work?

12 A Absolutely.

13 MR. WARD: Thank you.

14 THE COMMISSIONER: Mr. Rudin?

15 **EXAMINATION BY MR. RUDIN:**

16 Q Good morning, Mr. Lewis. My name is Jonathan
17 Rudin. I'm with Aboriginal Legal Services of
18 Toronto. I'll be very brief.

19 I'm here as a hair model. You mentioned in
20 your --

21 A A very good hair model.

22 Q You mentioned in -- this is an issue because you
23 mention in your statement on the second page, and
24 I'm not referring to the man was ragged looking,
25 but the second statement said, "a lot of hair,"

1 and I'm just wondering if you could be a bit more
2 precise because different people have different
3 ideas about what "a lot of hair" is. You needn't
4 make specific reference to me but I'm curious to
5 know --

6 MR. CROSSIN: I don't have a lot of hair.

7 A Can we use you as a benchmark?

8 MR. WARD: Perhaps they can be before and after.

9 A My recollection is that -- and I will use you as
10 an example if you don't mind -- my recollection
11 is it would be similar to you if we were to light
12 you from above or behind, your face would be
13 difficult to see, the hair down around your neck,
14 I don't recall that, I don't recall it being long
15 like that, but I do recall it being full and a
16 bit more ragged.

17 THE COMMISSIONER: I think your term was "shaggy".

18 A Yes, shaggy.

19 MR. RUDIN:

20 Q You probably don't, but do you recall if you
21 could see any facial hair?

22 A I don't recall. His face was not visible.

23 MR. RUDIN: Thank you.

24 THE COMMISSIONER: Mr. Tamm, any questions?

25 MR. TAMMEN: No, thank you.

1 THE COMMISSIONER: Re-examination, Mr. Cowper?

2 MR. COWPER: No, I have no re-examination.

3 THE COMMISSIONER: May the witness then be excused, Mr.
4 Cowper?

5 MR. COWPER: Yes.

6 THE COMMISSIONER: Thank you, sir. You're excused.

7 (WITNESS EXCUSED)

8 MR. COWPER: I wonder if we might take the break, Mr.
9 Commissioner. Overnight we had copied the four
10 photographs which it was proposed to form part of
11 the public exhibit, and I've provided those to
12 the registrar and I know that there are -- I
13 think there are ten copies in total. Could I ask
14 if we could have another exhibit created and
15 marked with just those four photographs.

16 THE COMMISSIONER: Those are the ones you identified
17 yesterday?

18 MR. COWPER: B9, A18, B1 and A16. I've had them copied.
19 There's one page for each photograph. They were
20 copied on a colour photocopier last evening and
21 expanded somewhat in size but I think they should
22 be marked as a separate exhibit.

23 THE COMMISSIONER: Yes, I agree, and they will be marked as
24 Exhibit 25.

25 THE REGISTRAR: 25.

1 **(EXHIBIT 25: Photographs A16, A18, B1 and B9)**

2 MR. COWPER: I'll distribute those. I have copies for counsel
3 and I'll distribute those later.

4 THE COMMISSIONER: Those are B9, A18, B1 and A16?

5 MR. COWPER: That's correct. Mr. Martland has the next
6 witness.

7 MR. MARTLAND: Mr. Commissioner, the next witness is Fernando
8 Grossling.

9 THE REGISTRAR: Good morning. Do you wish to be sworn or
10 affirmed?

11 A Sworn.

12 **FERNANDO GROSSLING: Sworn**

13 THE REGISTRAR: Could you state your full name, please.

14 A Fernando Grossling. G-R-O-S-S-L-I-N-G.

15 THE COMMISSIONER: You may be seated, Mr. Grossling.

16 **EXAMINATION BY MR. MARTLAND:**

17 Q Mr. Grossling, my name is Brock Martland I'm one
18 of the lawyers for the Commission. You and I had
19 the chance to meet briefly yesterday and discuss
20 some of your evidence. We hadn't met before
21 that; is that right?

22 A Yes.

23 Q I understand you're employed by the BC Ambulance
24 Service as a paramedic?

25 A Yes.

1 Q How long have you held that position?
2 A Since April of '93.
3 Q In April '93 you start working for the Ambulance
4 Service. What work do you do in your first
5 years, what sort of status do you hold?
6 A When I first got hired you have to go to an
7 outlying station so I got hired in a part-time
8 station which was Boston Bar. I'd have to go up
9 there two days a month and the rest of the time
10 I'm available on call in Vancouver and in the
11 Lower Mainland area, whereas I would be getting
12 full-time hours but I'd still be classified as
13 part time.
14 Q Essentially are you filling shifts when folks
15 can't show up, that kind of thing?
16 A WCB, short notice book-offs.
17 Q Do you switch over to full-time status at some
18 point?
19 A '97, August of '97.
20 Q What work do you do when you became full time
21 initially?
22 A I went into the Vancouver dispatch centre.
23 Q How long were you there?
24 A Eight months, nine months, and then I transferred
25 full time on to car.

1 Q On to a car means working in an ambulance on the
2 street?

3 A Yes, with a set shift pattern of four on, four
4 off.

5 Q Four days on, four days off?

6 A Yes.

7 Q In December of 1998 I take it you're based out of
8 a station on Powell Street?

9 A Yes. At that time I was holiday relief. I
10 didn't have the seniority to get a full-time
11 spot. Holiday relief meaning for four days I
12 could be in the Downtown Eastside or four days in
13 the downtown core, four days in the south slope
14 of Vancouver, anywhere. But that block I was
15 there for four days at the Downtown Eastside.

16 Q When you say you could be in those different
17 locations, I take you to mean you might be based
18 out of a different station; you don't have one
19 place that you go to every time you have to work.
20 You might be told to go to a different station
21 for that four-day block?

22 A Yes, yes.

23 Q Do you recall for December 6, 1998 what station
24 you were working from?

25 A I didn't -- offhand, I wouldn't have known before

1 looking at the crew report but I was working out
2 of the Downtown Eastside.

3 Q That's information you had from the crew report?

4 A Yes.

5 Q But not information you knew --

6 A I don't remember where I was last week.

7 Q In terms of Frank Paul, did you know someone you
8 understood to be Frank Paul?

9 A Yes, I did.

10 Q How did you know him?

11 A I had dealt with him on several occasions as a
12 patient.

13 Q Can you give a sense of what you mean by "several
14 occasions"?

15 A Over a dozen times approximately. Like I say, I
16 don't remember. I was familiar with him enough
17 to know Frank on a first name basis and to be
18 aware of what he looked like and his demeanour
19 and the usual calls that we would do for Frank.

20 Q Okay. You say you know his first name. How do
21 you come to know his name?

22 A From the first time you meet a patient, you're
23 always asking them their name, and normally when
24 I was bouncing around -- I met Mr. Paul back in
25 my part-time days. You're working with a senior

1 partner, they introduce you, this is Frank Paul,
2 and it ends up being a patient you see on an
3 ongoing -- I shouldn't say ongoing basis but I've
4 seen numerous times, so I just was able to
5 develop a bit of a rapport with Frank as anyone
6 would who has seen a patient multiple times.

7 Q When you described, as I understood your
8 evidence, that in '97 for about an eight-month
9 period you're at dispatch, you're not in a car in
10 that period?

11 A On days off we could go and work overtime in a
12 car.

13 Q So you may have some work in a car?

14 A Yes.

15 Q When is it, if you can say, when you first met
16 Mr. Paul?

17 A I can't say. Shortly after being hired in '93,
18 '94, '95 possibly. I can't remember but it was
19 back when I was part time.

20 Q '93, '94 '95 is a fairly broad range. I take you
21 to mean --

22 A I don't recall.

23 Q Is it your recollection that you knew him prior
24 to the calendar year 1998?

25 A Yes.

1 Q Do you have a recollection of -- leaving aside
2 December 6, 1998, do you have a recollection of
3 any specific dealings you had or specific
4 instances where you interacted with Mr. Paul?

5 A Uhm, not so much specific just general area and
6 location where the most -- the times where I
7 would see and attend to Mr. Paul in a general
8 location.

9 Q When you say a general location, do you mean a
10 number of interactions that are similar?

11 A Yes.

12 Q Could you describe what you mean by that?

13 A Usually we would get a call for a man down and we
14 would arrive. The general location where my
15 experience of meeting Mr. Paul was always in the
16 Broadway area right -- between I think Maple and
17 Cypress, if my memory serves correct. Next to
18 the Safeway there was a liquor store and Mr. Paul
19 would be in that vicinity. We would get a call
20 usually for a man down.

21 Q When you say in that vicinity, and I don't know
22 if you can say with anymore precision, in front
23 of the store, behind it?

24 A In front of or the side. The Safeway and the
25 liquor store, it's a bit of a strip mall on the

1 south side of Broadway.

2 Q Where is the liquor store vis-a-vis the Safeway?

3 A I believe it's right next. I believe it's
4 attached, there might be another store in between
5 them but they're all part of the strip mall.

6 Q On which side, do you recall?

7 A On the east side.

8 Q So on the left side of the Safeway?

9 A Facing the Safeway it would be on the left-hand
10 side.

11 Q When you describe you're attending there you also
12 describe man down. Do the two go together?
13 These are man down calls at the liquor store or
14 some other --

15 A Man down in that vicinity, if Mr. Paul was at the
16 liquor store or at the rear of. A man down call
17 is a generic third party call that we receive. I
18 worked in Vancouver dispatch so I have a bit of
19 insight on that. It's a call that when someone
20 calls up and says, look, we're concerned about
21 this person, or what may happen is the police
22 will get the call and they'll transfer the call
23 over to us and say could you go check this person
24 and make sure they're medically okay. If they're
25 breathing and conscious, which most people are

1 able to tell you, you go in on a routine basis,
2 no lights and no sirens.

3 Q Again, when you describe these attendances in the
4 Safeway and liquor store area, is there anything
5 you can say at a general level about what you'd
6 see when you attend about the state of Mr. Paul?

7 A We'd see Mr. Paul in various states. Sometimes
8 he was intoxicated, sometimes he wasn't.

9 Q How would you be able to tell whether he's
10 intoxicated?

11 A In my own personal experiences with Mr. Paul he
12 was a lot more verbally abusive when he was
13 intoxicated, and regardless whether sober or not,
14 he was never very happy to see us, nor are 99
15 percent of the man down calls we get, because you
16 have to understand that they didn't call for an
17 ambulance so of course they don't want to be
18 bothered. So we're attending because it's a
19 third party call and we have to go make sure,
20 check on their well-being.

21 Q When you say verbally abusive, could you describe
22 a little further what you mean by that?

23 A He would ask us to leave or insult us with a
24 barrage of insults at times, just like 99 percent
25 of the man down calls would treat us.

1 Q Would those be occasions where he's intoxicated?

2 A More often than not, it was my personal
3 experience that when he was intoxicated he was
4 more verbally abusive.

5 Q From your own perspective was it obvious that he
6 was drunk?

7 A Yes.

8 Q When you describe this verbal abuse, I take it
9 he's able -- is he saying words that you can
10 clearly understand?

11 A We can clearly understand him.

12 Q Swearing at you, I imagine, that sort of thing?

13 A Swearing, and if he's very intoxicated he wasn't
14 able to get up on his own.

15 Q That was my next question. What can you describe
16 at a general level about his ability to move
17 around?

18 A When he was sober he was fine. He would get up
19 and walk away, no problem. If he was extremely
20 intoxicated, just like anyone would be, it's a
21 bit more difficult to be mobile. Regardless, we
22 are there as medical professionals to make sure
23 that there's not a medical reason why he is not
24 able to move or why he's acting the way he is, so
25 we do a full medical assessment.

1 Q When you say when he's sober he's able to move
2 without difficulty, is what I understood you to
3 say effectively, what do you mean by that? Can
4 you describe --

5 A He'd be able to get up. Usually if he was
6 sitting down panhandling he'd be able to get up
7 without assistance and walk away.

8 Q Can you describe how he would walk away in those
9 cases?

10 A I can't recall exactly but it was nothing out of
11 the ordinary.

12 Q If he's sitting panhandling why would the
13 ambulance be there?

14 A I can't speak for why people call.

15 Q It would be in response to a call?

16 A In response to a third party call. Like I said,
17 either people call the police, and business
18 owners through my experience in Vancouver
19 dispatch, business owners don't want a panhandler
20 being in front of their business or apartment
21 building, the apartment managers, so they'll
22 phone the police. And the police, I don't know
23 if it's their policy, but the police would always
24 call us to make sure this person is not there for
25 a medical reason. We go there to make sure

1 medically they're fine and to offer any patient a
2 ride to the hospital.

3 Q Again, I want you to speak not about Mr. Paul but
4 at a general level when you attend in that sort
5 of a circumstance, in your experience are the
6 police there as well or do they come before or
7 after or is it a bit of everything?

8 A It's a bit of everything. Sometimes they arrived
9 at the same time. Sometimes on man down calls if
10 we get a story that the patient is violent or a
11 potential violent we're supposed to wait until
12 the police arrive for our own safety. Sometimes
13 the police won't show up unless we call them.
14 Each one is call -- each call is unique.

15 Q In terms of this possibility of someone being
16 described to the ambulance as violent or
17 potential violent, do you ever recall that
18 description in relation to Mr. Paul?

19 A I can't recall. Like I said, that's ten years
20 ago.

21 Q You don't have a recollection one way or the
22 other?

23 A No.

24 Q In terms of the response, you described that Mr.
25 Paul can be verbally abusive. How did you and

1 crew members you worked with deal with him when
2 that was the case?

3 A I think the same way we deal with most patients
4 who are verbally abusive. You try to defuse the
5 situation and offer assistance. Tell them that
6 we understand they didn't phone but someone was
7 concerned about them and that's why we're here
8 and if we can, can we please check if he's okay.
9 Would you like a ride to the hospital? Is there
10 something we can do for them.

11 Q So you're trying to defuse --

12 A Yes.

13 Q What kind of things do you do to defuse apart
14 from speaking to the person?

15 A In my instances with man downs, and back then I
16 used to smoke, for example, and I'd offer a
17 patient a cigarette. Calm down, say hey, buddy,
18 introduce myself, my partner, offer a cigarette.
19 We're here to check you out. Did you call for an
20 ambulance? No, no, and they'll usually swear at
21 us. So you give them a cigarette and that way
22 you are able to assess them. You want to be able
23 as medical professionals to determine whether or
24 not this patient is acting this way due to
25 intoxication or a psychiatric issue or -- it's

1 such a broad scope. It could be they're diabetic
2 and their blood sugars are very low. You have to
3 do a proper assessment so you have to defuse the
4 situation.

5 Q You were speaking at a general level about some
6 of those techniques you might use. What about
7 Mr. Paul, are some of those -- giving a
8 cigarette, is that sort of an approach?

9 A Quite often. I actually with Mr. Paul I would
10 use that technique very often, just give him a
11 cigarette.

12 Q When you saw him how would you refer to him?

13 A Frank. I'd call him by his first name, Frank.

14 Q Did you have to check ID or run a name or do
15 anything or would you say, "Hi, Frank"?

16 A No. I saw Frank -- I saw him more than I saw
17 friends of mine I went to high school with. I
18 saw him on an often enough basis I would know who
19 he was.

20 Q Would he refer to you in any manner?

21 A As in a name, no, he's never referred to me.

22 Q You described that Mr. Paul could be verbally
23 abusive but overall was that often the case or
24 did he present otherwise?

25 A More often than not he was verbally abusive. He

1 wasn't very co-operative with us at times.

2 Q Did Mr. Paul to your knowledge go to the detox
3 centre?

4 A More often than not what would happen is after
5 offering Mr. Paul a ride to the hospital, as we
6 do with any man downs, we will assess how the
7 patient is -- and speaking of Mr. Paul in this
8 instance, if he's being verbally abusive or
9 violent -- if he seems to be violent or
10 non-co-operative, what we would do if the police
11 weren't already there is call the police for the
12 wagon. If he was co-operative we'd say do you
13 want a place to sleep it off? If he didn't want
14 to go to hospital and he was fine we'd ask
15 Saferide for a ride to detox.

16 Q You wouldn't do that trip in an ambulance?

17 A No. We only transport people to the hospital.

18 Q Were there occasions he was taken to hospital
19 that you recall?

20 A I don't remember specifically but I know I've
21 seen Mr. Paul in St. Paul's Emergency and I know
22 we've always offered him a ride to the hospital.
23 It's our policy to offer all the patients a ride
24 to the hospital.

25 Q Do you recall instances he said no to that, said

1 no to the hospital?

2 A Oh, more often than not. If there was a reason
3 that we thought he needed to go, if he was so
4 intoxicated to the point where he couldn't stand
5 up, that's where you'd be concerned and you would
6 want to have him in the hospital where he could
7 be properly watched to avoid anything happening.
8 Or if it was extremely cold or if -- I don't
9 remember specifically with Mr. Paul, but you
10 would watch patients, especially homeless people
11 who are living on the streets, if they have signs
12 of infections, a virus, you can tell that they
13 need hospitalization, you try to coerce them and
14 talk them into going to the hospital because it
15 is what's best for them.

16 Q At a general level can you recall Mr. Paul being
17 taken by Saferide and to your understanding -- I
18 appreciate you don't go with them, but to your
19 understanding they're heading to the detox
20 centre?

21 A It's my understanding Saferide only transports to
22 detox. As far as my understanding Saferide
23 always transports to detox.

24 Q As far as Mr. Paul, do you have a recollection of
25 him leaving, at least from your perspective, he

1 leaves with Saferide?

2 A Yes.

3 Q Would he be to your observation, if you can say,
4 willing to do that, unwilling to do that?

5 A Like I said, if he was co-operative then we would
6 call Saferide. It would mean that he'd be
7 willing.

8 Q Willing to go to the detox centre?

9 A Yes. At that point in time Saferide employees
10 were volunteers. I don't know what their level
11 of training is but they don't have the training
12 -- it's my understanding -- to protect themselves
13 and defuse situations. They're volunteers at
14 that point in time taking people that want to
15 sleep it off and to be watched to detox. So
16 people agreeable to that, getting a ride over to
17 detox, and they are willing to go without a fuss,
18 we would call for Saferide -- I would call for
19 Saferide.

20 Q I want to clarify if I can, and I may have
21 misunderstood your answer or maybe this will
22 allow you to explain this. I understand you on
23 the one hand to say you saw Mr. Paul more often
24 than people you went to high school with and on
25 the other hand you probably saw him over a dozen

1 call came in as a code 4 which is ambulance term
2 for a death, obvious death. We went with lights
3 and sirens and when we got there there was
4 already another ambulance there, an advanced life
5 support ambulance.

6 Q Do you recall who was in the advanced life
7 support ambulance?

8 A Yes.

9 Q Who was that?

10 A Ward Findlay, Mike Berry and Marilyn Oberg.

11 Q You attend in the second ambulance arriving?

12 A Yes.

13 Q Do you recall if there was police or anyone else
14 at the scene?

15 A I don't remember if there was police there.

16 Q Who were you working with that evening?

17 A Victoria McGowan.

18 Q What's the division of labour between the two of
19 you that evening?

20 A I was doing the driving duties that night and she
21 was attending.

22 Q Was she senior to you?

23 A Yes.

24 THE COMMISSIONER: What was her name again?

25 A Victoria McGowan.

1 MR. MARTLAND:

2 Q So you recall attending at the scene, you're the
3 second ambulance. First, where is the scene?

4 A Rear of the 300 block East 1st if I remember
5 correctly.

6 Q What do you see upon arriving?

7 A When we arrived there was another ambulance
8 there, and I don't remember which one of the
9 other crew came up and told us that the person
10 was deceased, and then as I walked up it was
11 quite obvious it was Frank Paul and we were all
12 aware that it was Mr. Paul.

13 Q Can you describe what position he was in?

14 A No, I don't remember the exact -- if he was
15 supine or prone, sorry, I don't recall.

16 Q Do you recall where in that lane he was?

17 A I don't recall the exact location but I do recall
18 that he was on gravel, and one thing that I kind
19 of took with me is that it looked like he had
20 almost made like a snow -- you know when you go
21 in the snow you make a snowman, it looked like
22 the gravel was shifted and I thought that maybe
23 possibly he had a seizure prior to passing on.

24 Q Could you describe that if you can in any more
25 detail, the gravel has shifted?

1 A Like I said, the best way for me to describe it
2 is if you're in the snow and you do a snowman --
3 Q Snow angel or snowman?
4 A Snow angel. Thank you. That's what it looked
5 like. It looked like where his four limbs are
6 there was shifting on the gravel as if he was
7 making a making a snow angel but on the gravel.
8 Through my experience it would look like maybe he
9 had possibly had a seizure.
10 Q Did you know Mr. Paul to have seizures on any
11 occasions?
12 A I don't recall.
13 Q Apart from what you've described, are there any
14 other details you can provide from your memory
15 about that scene?
16 A Other than it was nightttime.
17 Q Do you recall the weather?
18 A No, I don't.
19 Q Do you recall the lighting?
20 A Sorry, no, I don't.
21 Q What did you do? Do you recall that?
22 A I don't believe I did anything. I may have
23 possibly gotten a blanket from the ambulance to
24 cover up Mr. Paul but that's it. The first crew
25 was on scene.

1 Q What's the relationship between the ALS car and
2 the car you're in in this sort of a situation?

3 A What happens is calls are -- when calls come in
4 to Vancouver dispatch centre they're prioritized
5 and assessed by paramedics up there on the phone
6 and they're either deemed life threatening or
7 not, and certain life threatening calls need
8 advanced intervention which is what ALS can
9 provide: Shortness of breath, chest pains,
10 cardiac arrests, sudden deaths. So the advanced
11 life support ambulance will go with lights and
12 sirens, and the basic life support ambulance,
13 which is the car I was working on that night,
14 would go in as well. Usually the basic life
15 support ambulance arrives before the ALS
16 ambulance due to the fact at that point in time
17 there was only two ALS ambulances in all of
18 Vancouver and there's maybe 12 BLS ambulances at
19 that time of night.

20 Q Basic life support?

21 A Basic life support. It happened to be that the
22 ALS ambulance was closer to that call and they
23 arrived before us but we went with lights and
24 sirens to back them up. It would be up to the
25 ALS attendant to determine whether or not this

1 patient is viable, through this training decide
2 whether or not he's going to work on this
3 patient, and if that is the case you need two
4 cars, two sets of paramedics to run cardiac
5 arrest or any complicated sick patient.

6 Q Is there a difference in training between the BLS
7 and ALS cars?

8 A Yes.

9 Q What's that?

10 A A significant amount of clinical time, training,
11 more protocols, drug therapy, advanced airway
12 intervention.

13 Q It's a high-end ambulance?

14 A The highest you can get.

15 Q What about in terms of the equipment in the ALS
16 car?

17 A It's a lot higher, there's a lot more equipment,
18 a lot more advanced. It specializes -- ALS
19 specializes in very sick patients, cardiac and
20 respiratory patients, cardiac arrests, airway
21 interventions. So they have a lot more training,
22 a lot more advanced equipment.

23 Q I understand that in this case it's a bit unusual
24 that the ALS car beat you there?

25 A Yes.

1 Q In that situation as the BLS car but there's
2 already an ALS car on scene attending, at a
3 general level what role would you play in that
4 scenario?

5 A As I said, if the ALS was actively working on the
6 patient we would join in and as a team work on
7 resuscitating the patient, stabilizing the
8 patient and having the patient transported to
9 hospital. Being that Mr. Paul was deceased and
10 they were not working on Mr. Paul, then our role
11 pretty much was to, as we do with any deaths, I
12 grabbed a blanket to cover him up and do the
13 respectful thing to the deceased.

14 Q I think in terms of the blanket you described
15 that you may have got the blanket. Do you have a
16 recollection of that or are you --

17 A I don't recall if it was myself, my partner or
18 not, but that's what normally -- any free
19 attendant, even if it's an advanced life support
20 attendant, anyone would grab a blanket normally
21 to cover them up.

22 Q You described earlier on that you looked at one
23 or more documents to help you with your memory of
24 this event before testifying?

25 A That's correct.

1 Q What did you look at?

2 A My crew report, the occurrence report that my
3 partner that night Victoria McGowan wrote, and I
4 looked at the dispatch tickets for -- Vancouver
5 dispatch centre was not on computer back then so
6 it's all on paper. The dispatch tickets showing
7 the times the ALS ambulance was sent and us, when
8 we were sent.

9 Q If I might ask, Mr. Registrar, that tab 39, tab
10 39 of binder 1, please be shown to this witness.
11 Mr. Grossling, if you'd please have a look at
12 that and if you're able to do so please describe
13 what it is.

14 A This is our standard crew report that's -- that
15 all crews fill out for the calls that they
16 attend.

17 Q Now, do you recognize the writing on this form?

18 A No. I know it's not mine, it's my partner's.
19 She's the attendant so the attendant is
20 responsible for filling out the crew report.

21 Q Do you recognize her handwriting?

22 A No.

23 Q Is this one of the documents that you've looked
24 over?

25 A Yes, it is.

1 Q Can you describe -- first of all, to your
2 knowledge is it accurate?

3 A To my knowledge it is.

4 Q What does it describe in terms of this
5 attendance?

6 A If you look in the top right-hand corner it says
7 248 Alpha 1, which means we were working in the
8 Downtown Eastside station 248 and the shift
9 pattern we were was an Alpha car, Alpha 1. It's
10 got the date there, December 6, 1998, the unit
11 vehicle that we were in, 1561. Then underneath
12 there you'll see a response number, it says
13 556159, and that is a response number given to us
14 by dispatch. For each call there's a unique
15 response number give to us that way for cross-
16 referencing. Where the ambulance responded to,
17 where we were dispatched to, 336 East 1st, and RO
18 meaning rear of. It says my employee number,
19 1385, then Victoria McGowan's number. It gives
20 our qualifications, EMA 2 trauma car, and it says
21 layered with 61 Alpha, which means that's the
22 advanced life support ambulance going on this
23 call with us. If you go to the left under times,
24 it says start 2:42.

25 Q What is the start?

1 A The time we got the call dispatched to us. It
2 says code, and that's a 3 filled in, lights and
3 sirens call. At scene means we arrived at 2:45,
4 and then if you go down to clear, 02:58 is when
5 we were clear of the scene. Further down in the
6 form it says under Diagnostic and Additional
7 Comments, it says cleared by code 5. Code 5 is
8 the code we use to refer to the police. So it
9 means we were cleared on the scene by the police.
10 If you look to the right, Dispatched As, there's
11 a whole column there and there it's written down
12 POSS.Code 4 6D4. We were dispatched for a
13 possible code 4, code 4 meaning death, and it's
14 possible, that's why it's lights and sirens. It
15 says 6D4 which is under the medical priority
16 dispatching system which is a system used at that
17 time and still being used by trained dispatchers
18 to be able to classify the calls. So it's
19 classified as a 6 Delta 4.

20 Q There's no name under the patient's surname in
21 the upper left corner?

22 A That's correct.

23 Q There's no name on this form?

24 A That's correct.

25 Q Can you say anything about that?

1 A Usually and especially for sudden death it's the
2 first car on the scene that will do the
3 paperwork. The car that did the assessment and
4 deemed the patient is deceased, so the other crew
5 from my recollection, 61 Alpha, the ALS car, they
6 were the first on the scene, they did the
7 assessment, and through them and from what I
8 recall and in conjunction with speaking to the
9 emergency physician over the telephone, deemed
10 that this patient was not viable and then
11 pronounced the patient on scene.

12 Q When you look at this form, can you say whether
13 or not it speaks to or relates to your dealings
14 with Frank Paul that evening?

15 A That is correct.

16 Q How can you say that? It doesn't have a name.

17 A No, it doesn't have a name but because of the
18 response number, 556159, it should be co-related
19 with the dispatch ticket of 61 Alpha's and thus,
20 we should -- it should mean that we went on the
21 same call, and then you can cross-reference, look
22 at 61 Alpha's crew report and it would say Frank
23 Paul on it.

24 Q You've looked at those dispatch tickets, have
25 you?

1 A I have.

2 Q Have you done that cross-referencing?

3 A I don't recall if I've cross-referenced it but
4 that's the policy back then was to
5 cross-reference the numbers showing that both
6 cars attended to this one scene.

7 MR. MARTLAND: If I might have a moment, please, Mr.
8 Commissioner. I'd ask that the crew report
9 become the next exhibit, please.

10 THE COMMISSIONER: Exhibit number.

11 THE REGISTRAR: 26.

12 (EXHIBIT 26: Crew Report)

13 MR. MARTLAND:

14 Q Now, did you ever put pen to paper in relation to
15 this attendance on December 6, 1998?

16 A I don't recall.

17 Q You didn't fill out this crew report?

18 A No I did not.

19 Q Did you write up or prepare an occurrence report?

20 A No, I did not.

21 Q Were you asked to provide either a statement or
22 an interview at the time?

23 A I don't recall.

24 Q Do you recall -- let's use this as the end point.
25 I presume in the past few weeks Mr. Eastwood

1 and/or Mr. Mior contacted you and met with you
2 about this matter?

3 A That's correct.

4 Q Before that happened, since December '98 have you
5 ever spoken to or been approached by police,
6 investigators, lawyers, anyone, about this
7 matter?

8 A I don't believe so.

9 MR. MARTLAND: I have no further questions. Thank you. Other
10 counsel will have questions.

11 THE COMMISSIONER: Mr. Eastwood, do you have any questions?

12 MR. EASTWOOD: Yes, Mr. Commissioner. Mr. Commissioner, I'm
13 going to pass up to the witness two documents
14 which I previously made available to your
15 Commission counsel.

16 THE COMMISSIONER: Thank you.

17 **EXAMINATION BY MR. EASTWOOD:**

18 Q Sir, are you able to identify these two documents
19 I've had put in front of you?

20 A Yes. They're the standardized dispatch call
21 slips used in 1998.

22 Q You previously testified that you were dispatch
23 trained?

24 A That is correct.

25 Q And in fact, you worked as a dispatcher for the

1 BC Ambulance Service?

2 A Yes. I'm still currently dispatch qualified.

3 Q Could you go through then the one that has
4 response number 556159.

5 A Sure. No problem.

6 Q That one correlates with the ambulance you were
7 in that evening?

8 A Yes, that's correct. That's the call slip that
9 was taken. As you see there, all the call slips
10 were stamped with a number to make them unique.
11 It says wait, so it means if you go down and look
12 at called by, it means that the police had given
13 the Ambulance Service the call. The arrow to the
14 right pointing that they were on the way and they
15 had given us the call for a CD4 question mark,
16 which means possible code 4. It's circled wait
17 because the police have asked us to wait prior to
18 -- if we happen to arrive before the police we're
19 to wait a couple blocks away usually to ensure
20 our own safety. It says layered with, so it
21 means that 61 Alpha, the advanced life support is
22 coming with us on this call. The number there
23 387776 on the right-hand side there, that's what
24 is crossed- referenced. That's the response
25 number 61 Alpha got for this call, and if you

1 look conversely -- if you look over to the other
2 call slip you'll see that our response number
3 556159 is on the cross- reference there. Then
4 you know two cars attended for this one call.
5 Going back to the original call slip, if you look
6 back it says response code. It means that we
7 were dispatched lights and sirens for this call.
8 That the call received was received as an EMA
9 call so it was not deemed that advanced life
10 support needs to go on this call, just BLS
11 ambulance sufficient. BLS means a BLS ambulance
12 was dispatched. Going down further is the
13 particulars of the call. The call came in at
14 2:41 in the morning and was dispatched to
15 ourselves 248 Alpha 1 at 2:42. We arrived on
16 scene according to Vancouver dispatch time at
17 2:47. It shows where we were dispatched to and
18 it shows where we responded from. We responded
19 from station, which back then was 726 Powell.
20 Then on the bottom there's an X and ANU means
21 that -- X referring to code X, ambulance was not
22 used, and we were clear of the call at 03:01.

23 Q Could you then review the other one?

24 A The only thing that would be different than ours
25 is obviously the fact it was for the ALS

1 ambulance, it says layered with 48 Alpha 1.
2 There's a cross-reference number, our call slip
3 number on the side, 556159. Even though this
4 call was received as an EMA and this is an
5 advanced life support ambulance, they were sent
6 because they were the closest car. If look down
7 further it says unit responded from 1st and Main.
8 They were dispatched at the same time, 2:42 in
9 the morning, and arrived at 2:42. So according
10 to the dispatch slips they were on scene for five
11 minutes prior to our arrival.

12 Q I just want to clarify something from your
13 testimony. The wait portion of these dispatch
14 forms, does that indicate to you that the police
15 were on scene before the ambulance or does it
16 tell you anything?

17 A The fact it was a wait means we were asked to
18 wait by the police or the call taker took the
19 call in and made it a wait. Given that the
20 police had given us this call, the police asked
21 us to wait prior to their arrival. It's very,
22 very common for third party calls, calls that are
23 unknown, for it to be a wait. That's more for
24 our safety. Given the fact that the ALS
25 ambulance arrived on scene at 2:42 is indicative

1 that when they arrived they saw that the police
2 were there and the police obviously waved them
3 in. By looking at this the police were on scene.

4 Q Thank you. If you could look at your crew
5 report, do you have that in front you?

6 A No, I don't.

7 MR. EASTWOOD: Before we move on to my next questions, Mr.
8 Commissioner, can we perhaps consider marking
9 these two dispatch forms as the next exhibit?

10 THE COMMISSIONER: Yes. Did you wish me to mark them
11 together?

12 MR. EASTWOOD: I think that makes sense, yes.

13 THE COMMISSIONER: We'll mark the two ambulance dispatch forms
14 together as the next exhibit.

15 THE REGISTRAR: Exhibit 27.

16 **(EXHIBIT 27: Two Ambulance Dispatch Forms)**

17 MR. EASTWOOD:

18 Q Do you have your crew report in front of you, Mr.
19 Grossling?

20 A Yes, I do.

21 Q Is this the standard crew report?

22 A It is. We still use the same crew report to this
23 day.

24 Q I just want to ask you some general questions.
25 What type of information is generally recorded on

1 a crew report?

2 A When we do an assessment on a patient you
3 generally -- if the patient gives us their name
4 we write down their name and we would write down
5 any assessment we have done on the patient
6 medically.

7 Q Is the demeanour of the patient typically put
8 down on a crew report?

9 A Not typically, no.

10 Q Would that be your practice?

11 A It would be my practice. I would just keep it to
12 what I did on the assessment, the medical
13 assessment on the patient. Just strictly keep it
14 to what I've done. Unless there was some
15 absolutely extraordinary findings I found, I
16 would keep it strictly to what I found in my
17 medical assessment.

18 Q I just have one other area I want to canvass with
19 you. If the occurrence report of Jim Douglas
20 could be put in front of the witness. It's tab 2
21 of the green binder.

22 MR. MARTLAND: I believe it's Exhibit 2.

23 THE REGISTRAR: Exhibit 2.

24 A Thank you.

25 MR. EASTWOOD:

1 Q Sir, if you could look at the second to last
2 sentence in this occurrence report. First of
3 all, do you know who Jim Douglas is?
4 A Yes, I do.
5 Q Who is Mr. Douglas?
6 A He's a paramedic that works for us as well.
7 Q If you could read the second to last sentence of
8 this occurrence report.
9 A Second to last sentence, on around --
10 Q On arrival.
11 A Second to last paragraph.
12 On arrival for my next day shift on December
13 6, 1998 I relieved a night shift crew member
14 named Mr. F. Grossling who did inform me
15 that
16 a male well known to local paramedics named
17 Frank Paul had been attended to the previous
18 night by them and subsequently been found to
19 have died in an alley behind the detox
20 facility.
21 Q Do you recall making that statement to Mr.
22 Douglas?
23 A No, I do not.
24 Q Is it something you could have done?
25 A Yes.

1 Q Do you have any reason to believe you didn't do
2 it?

3 A No.

4 Q Why would you have made that kind of statement?
5 What would have been --

6 A Because it was a significant call in the sense
7 that Mr. Paul is a patient that not only myself
8 but the entire -- all the paramedics who worked
9 in the Downtown Eastside or in the Kitsilano area
10 where Mr. Paul frequented, we dealt with him
11 quite often.

12 MR. EASTWOOD: Thank you. Those are my questions.

13 THE COMMISSIONER: Mr. Hern?

14 MR. HERN: Thank you, Mr. Commissioner.

15 **EXAMINATION BY MR. HERN:**

16 Q Mr. Grossling, I noted that in your evidence you
17 stated -- I believe you stated that if you were
18 called to the scene of Mr. Paul as a man down
19 call and he couldn't stand up you wanted him in
20 hospital. Do you recall that?

21 A I don't know if I put it that way. Yes, if we
22 find any patient, whether it be Mr. Paul or any
23 man down who is intoxicated to the point where
24 they're not able to take care of themselves, what
25 we did was we encouraged them to go to the

1 hospital, that's correct.

2 Q If you determined that Mr. Paul was not immobile
3 as a result of a medical problem but only
4 intoxication you would send him to hospital or
5 would you call Saferide?

6 A You have to understand, if Mr. Paul or any
7 patient that we deal with is severely intoxicated
8 and doesn't want to go to the hospital it's
9 within their right not to go. But more often
10 than not, if a patient is intoxicated to a point
11 they aren't in control of themselves we can put
12 them on the stretcher and take them to the
13 hospital and it's the best thing and they're
14 really not going to put up much of a fight that
15 way.

16 Q In that sense, if you've determined that he
17 doesn't have a medical problem and you're sending
18 him to the hospital, are you using the hospital
19 service as a sort of sobering unit?

20 A No. Intoxicated to the point their airway may be
21 compromised, the last thing we would want is
22 someone that isn't able to protect their own
23 airway, so when certain people get intoxicated
24 way beyond -- they have a high level of
25 intoxication they're not able to protect their

1 own airway. If they vomit they could pretty much
2 drown in their vomit.

3 Q So you're referring to intoxicated to the point
4 of being unconscious?

5 A Right.

6 Q If a person was lying down, unable to move
7 particularly well because they were so
8 intoxicated but they weren't to the point of
9 being unconscious, that's not a call that you
10 would send to the hospital?

11 A We offer every patient a ride to the hospital.
12 We only -- our mandate is to take people to the
13 hospital. There's a very small amount of tests
14 that we in the field can do and only a physician
15 and hospital can do the proper round of tests, so
16 we offer everyone a ride to the hospital. On a
17 general basis, if someone is intoxicated where
18 they're unable to stand up or they're holding
19 themselves up by leaning against a wall and if
20 they don't want to go to the hospital I'm fine
21 with them going to detox -- that's my personal
22 opinion.

23 Q You offer to take them to hospital but if they
24 refuse then you would call dispatch and ask for
25 either Saferide or a police wagon?

1 A That's correct. It's BC Ambulance Service's
2 position to offer everyone a ride to the hospital
3 regardless. Let's say even if we didn't think
4 they needed to go to the hospital and they wanted
5 to go to the hospital, that's their right and
6 we're there to provide them the ride to the
7 hospital.

8 Q If a person like Mr. Paul in a circumstance where
9 he's lying on the ground and is intoxicated but
10 is not unconscious, if he refuses to go to the
11 hospital at that point but you deemed him to be
12 intoxicated to the point that he can't take care
13 of himself, you would call dispatch and make sure
14 that a police wagon or Saferide attended?

15 A That is correct.

16 Q And if in that circumstance Mr. Paul was being
17 co-operative, as you've described he could be on
18 occasion, you would request from dispatch a
19 Saferide van?

20 A That is correct.

21 Q And if he was being unco-operative or difficult
22 you would request a police wagon?

23 A That is correct.

24 MR. HERN: No further questions. Thank you.

25 THE COMMISSIONER: This is the usual time for the morning

1 break and I think we'll take that break now.

2 Mr. Grossling, we're going to take a bit of
3 a break now and I would caution you not to
4 discuss your evidence with anyone during this
5 period before you come back again.

6 A Okay.

7 THE COMMISSIONER: Thank you.

8 THE REGISTRAR: We're now recessed for 15 minutes.

9 (BRIEF RECESS)

10 THE REGISTRAR: Order. This hearing is now resumed.

11 THE COMMISSIONER: Mr. Crossin, do you have any questions?

12 MR. CROSSIN: No, thank you.

13 THE COMMISSIONER: Mr. Woodall?

14 MR. WOODALL: No, thank you.

15 THE COMMISSIONER: Mr. MacKenzie?

16 MR. MACKENZIE: No, thank you.

17 THE COMMISSIONER: Mr. Kelliher?

18 MR. KELLIHER: No, thank you.

19 THE COMMISSIONER: Mr. Ward, do you have any questions? Mr.
20 Eby.

21 **EXAMINATION BY MR. EBY:**

22 Q Mr. Grossling, my name is David Eby. I'm a
23 lawyer with the United Native Nations Society.
24 You testified that you worked in the Downtown
25 Eastside for some time. I wasn't clear how much

1 time you spent down there because there was some
2 fill-ins. How much time do you think you were
3 working in that neighbourhood for?

4 A I didn't work exactly in the Downtown Eastside
5 prior -- you're talking about prior to the night
6 in question?

7 Q That's right.

8 A I would work throughout the area. So I would
9 have a block -- by that time I was about a year
10 full time, a year full time. I'd have blocks,
11 like it would Downtown Eastside or there's a
12 station at the downtown core which is Richards
13 and Drake or there's one at 7th and Columbia, so
14 throughout those stations, and prior to that
15 being part time I would bounce around. I could
16 be at 13th and Arbutus, station 43, or I could be
17 one day in the south slope, one day in Richmond,
18 so throughout the area. One thing that I don't
19 know if you're aware, being that we're provincial
20 Ambulance Service it's not uncommon for cars
21 outside of the area to be doing calls. So you
22 might have Richmond crews that have cleared St.
23 Paul's Hospital and on the way home they're the
24 closest ambulance, they go to Broadway and Maple
25 and it happens to be Mr. Paul. It wasn't always

1 just be the crews for that area. If you were
2 around the St. Paul's VGH vicinity and worked a
3 fair amount of time there it would be fair to say
4 you've ran into Mr. Paul.

5 Q Did you become familiar with a group of people in
6 a similar situation of Mr. Paul, by which I mean
7 people who were homeless, chronic alcoholic,
8 living outside? Was there a group of people in a
9 similar situation or did you feel that Mr. Paul
10 was more isolated?

11 A No, it was a group. It was not uncommon.

12 Q So Mr. Paul was kind of a regular. How many
13 people in that sort of situation would you come
14 into contact with on a regular basis, similar
15 situation to him?

16 A Prior to or --

17 Q At that time.

18 A Many. I can't think offhand but if you're asking
19 me was Mr. Paul our most frequent one, I wouldn't
20 say -- he's maybe in our top five. I can think
21 of a couple other patients that we would see
22 quite often.

23 Q But you couldn't guess the number, the size of
24 that population?

25 A No, I'm sorry.

1 Q When you were just beginning as a paramedic in
2 this neighbourhood, what was your reaction to
3 running into these same people again and again?
4 What were your thoughts about that?

5 A I think just like anyone in our job would do,
6 there's sympathy, you feel sorry for these
7 people, and thus, that's why we join the
8 Ambulance Service and put on the white shirt,
9 because we do want to help people. When I got
10 hired at 19 I thought I could change the world
11 right away and unfortunately it's not like that,
12 so it's -- you know, it's sad, it's very sad, and
13 Mr. Paul or whichever chronic patient we saw,
14 there was sympathy there for them and we wished
15 the best for them.

16 Q So on the night in question when you came across
17 Mr. Paul when he was dead in the alley and you
18 realized that it was him, you testified, "Oh,
19 it's Frank," what was your initial reaction then?

20 A Just like anyone, any human being passes on, I
21 feel sad. There's a chance -- you just sit
22 there, and myself personally, I just pay my
23 respects, just bow my head for a second and then
24 move on. It's a sad way to pass on.

25 Q And you had regular contact with him, was there

1 anything different about -- obviously you're
2 coming across a lot of deaths as an ambulance
3 driver. Was there anything particular about your
4 reaction to the death of Frank Paul that would be
5 different than anyone else?

6 A No, no difference. Any death I react to it's
7 just the same way.

8 Q Mr. Registrar, if Exhibit 26 could be put in
9 front of the witness.

10 A I think I have that. Is that the crew report?

11 Q Yes.

12 A I've got it right here in front of me.

13 Q The one question I had about the crew report was
14 that you hadn't filled in the name on that
15 report.

16 A Right.

17 Q You testified that you knew it was Mr. Paul --

18 A Yes.

19 Q -- lying in the alley?

20 A Yes. As I testified earlier, I wasn't the
21 attendant and it's the attendant's job to fill
22 out the crew report. Victoria McGowan filled out
23 the crew report.

24 Q Do you remember communicating to Ms. McGowan that
25 it was Mr. Paul?

1 A I don't remember but I know Ms. McGowan would
2 have known.

3 Q She was the author of the report?

4 A Yes, she wrote the entire report.

5 Q I just have a couple more short questions. The
6 first is when you come across someone who is
7 incapacitated for whatever reason, they're unable
8 to move, would there ever be a situation in which
9 you would drag that person?

10 A Myself personally --

11 Q As an ambulance attendant.

12 A Myself personally, I would never drag a patient.
13 If I couldn't lift someone up with the assistance
14 of my partner -- I mean, to save our backs at
15 times we have to get the fire department to come
16 and give us a hand. If it's a patient that is,
17 for example, actively vomiting and you have to
18 turn them on their side quickly sometimes you're
19 going to drag them a bit to turn them on their
20 side, but more often than not we would lift them
21 up. The thing is we don't drag but -- moving a
22 patient is always from point A to stretcher and
23 from stretcher to point B. The only way to get
24 into the ambulance unless you walk on, and 95 of
25 the time we put a patient on the stretcher and

1 load the stretcher on. So it's usually picking
2 them up on to the stretcher.

3 Q Why wouldn't you drag the person?

4 A Because it's just that that's not the course of
5 our job. We have to put them on the stretcher.
6 There's a clear point and we usually get the
7 stretcher right next to the patient, pick them
8 up, put them on the stretcher.

9 Q If you would drag someone there would be an
10 increased risk of injury?

11 A I have no idea.

12 Q If you came across someone and they were
13 incapacitated you wouldn't advise, for example,
14 me to pick up that person up and drag them along,
15 would you?

16 A I wouldn't advise you to go near a patient if you
17 didn't have any medical training -- sorry, I
18 don't mean to be disrespectful but --

19 Q That's all right.

20 A You have to judge each case, each instance. It's
21 a unique thing. To say a general thing like
22 that, it's not fair for me to say either or.
23 Each case is different. I've done thousands of
24 calls and each one is a different call.

25 Q The final question I have, counsel for the

1 Emergency Health Services was asking you about
2 what information you record in your crew report?

3 A Yes.

4 Q It was particularly about, I believe your
5 response was something along the lines -- correct
6 me if I'm incorrect -- it would be the medical
7 procedures that you had engaged in?

8 A That's correct.

9 Q And only if something was extraordinary would you
10 put that on the report; is that right?

11 A Yes, something extraordinary.

12 Q If a patient tried to punch you or kick you or
13 was violent would you put that on the report?

14 A No, not unless they connected with me.

15 Q So if someone actually physically hit you you
16 would put that on the report?

17 A Like I said, in the terms, legal terms -- you're
18 a lawyer so you could correct me -- in the legal
19 terms of assault if someone has pushed me I
20 wouldn't write that down. If someone punched me
21 in the face and broke my jaw there would be a
22 whole bunch of paperwork done. If I had a nickel
23 every time I've been sworn at or swung at I
24 wouldn't be wearing this outfit, that's for sure.

25 Q So it's quite common when you run into someone

1 that is intoxicated, they're belligerent, they
2 don't want to work with you; is that correct?

3 A That's not uncommon. I worked downtown a long
4 time post '98 and that's not uncommon.

5 Q And that wouldn't be worthy a caution violent,
6 for example?

7 A We don't have a computer system where there's a
8 caution violent, per se.

9 Q You wouldn't put it on the report?

10 A Would I put it on the report?

11 Q That a person is belligerent or rude to you?

12 A No.

13 Q Because it wasn't unusual?

14 A No.

15 Q And you were able to get around it?

16 A Yes, or else I wouldn't be doing this job.

17 MR. EBY: Thank you.

18 THE COMMISSIONER: Mr. Rudin.

19 **EXAMINATION BY MR. RUDIN:**

20 Q Good morning, Mr. Grossling. My name is Jonathan
21 Rudin. I'm with Aboriginal Legal Services of
22 Toronto. Just one question as it relates to your
23 attendance when you saw Mr. Paul the night he
24 died. We've had a previous witness who testified
25 that when she saw him she noticed that he'd had a

1 haircut. Do you recall that at all?

2 A I can't remember what colour socks I've got on
3 right now.

4 Q What I would like to talk to you more about is
5 the man down situations. Can you recall when you
6 had a man down call about Mr. Paul when he was
7 not intoxicated, were there times when he
8 couldn't get up because he had other medical
9 issues, it was difficult for him to get up?

10 A Not as I recall. If he wasn't able to get up it
11 was from my recollection because of being
12 intoxicated.

13 Q And you talked about people who are so
14 intoxicated they can't stand up and the medical
15 issues and extreme intoxication is a medical
16 issue, is it not?

17 A It's a medical concern. There's different
18 degrees, of course, and where it comes into play
19 for my responsibility is if you're so intoxicated
20 you're unconscious and you're not able to protect
21 your own airway, that's something where it's my
22 opinion and how we're trained that the patient
23 should be monitored in the hospital.

24 Q People who are extremely intoxicated, that may
25 mask other medical conditions, mightn't it? So

1 you can see someone who might be completely
2 intoxicated, they can't stand up, maybe they
3 can't stand up because they're intoxicated but
4 there may be another medical condition going on
5 as well; is that correct?

6 A Of course. That's why it's our practice that
7 even if someone is presenting as intoxicated,
8 whether it be sitting next to an empty bottle of
9 Jack Daniels and slurring words and alcohol on
10 their breath, we do a full medical assessment
11 just to make sure. They could be intoxicated but
12 their blood sugar could be so low if they're a
13 diabetic, for instance. We always do a full
14 medical assessment on all the our patients
15 regardless of what we see. We don't want to
16 tunnel in, so you always have to have an open
17 mind and treat the patient.

18 Q You don't want to make assumptions?

19 A Right.

20 Q Can I ask you a hypothetical question. Let's say
21 you're working and you come across a male person
22 who is lying on his back. He's able to give his
23 name but he can't answer any other questions, his
24 speech is slurred and incoherent and he smells of
25 what seems to be rice wine, he's unable to sit up

1 or walk, doesn't seem able to care for himself.

2 What would you do with that individual?

3 A It's very, very -- that's very broad how you
4 painted it. There's a lot of questions, like is
5 this person in the lobby of the Four Seasons?

6 Q Let me be more precise.

7 THE COMMISSIONER: Excuse me, Mr. Rudin. Mr. Grossling, I
8 think the court reporter would appreciate it if
9 you could go a little slower. I see her trying
10 at times to work very, very quickly to keep up
11 with you. If you could just take a little more
12 time in your answers.

13 MR. RUDIN:

14 Q Let me be more precise about the hypothetical.
15 Let's say it's someone that you dealt with often,
16 who was a homeless person, who you know to be a
17 chronic alcoholic. So you come across someone in
18 the evening in Vancouver in December, you know
19 the person is a chronic alcoholic, you see him
20 lying down on the ground in the alley, they can
21 say their name, they can't say anything else,
22 their speech is slurred and incoherent, there is
23 the smell of rice wine, they can't stand up, they
24 can't walk. At that point is that the sort of
25 situation where you would call an ambulance to

1 take that person or you would take that person to
2 the hospital?

3 A On all patients regardless of how they present,
4 if an ambulance is called and how we're trained,
5 we do a full medical assessment. After that
6 assessment is done, then I have a bigger picture
7 and better understanding of what's going on with
8 the patient. The patient may not respond because
9 of psychiatric issues or whatever. So the way
10 you painted it I would approach that call,
11 whether it be someone that I've seen 20 times or
12 the first time I ever met this gentleman,
13 regardless of where they are, I would do a full
14 medical assessment, with airway, breathing,
15 circulation doing the tests such as blood
16 pressure, oxygen saturation, pulse, blood sugar
17 and then asking questions to see their level of
18 consciousness, how they're mentating or if
19 they're lucid.

20 Q If it was winter would you check their skin
21 temperature as well?

22 A We've got temperatures (sic) to check auxiliary
23 temperatures. They're not very reliable. Common
24 sense always prevails. In the winter it can be
25 very cold here, as you know, so if we are

1 concerned about hypothermia, myself personally,
2 if the patient doesn't want to go to the hospital
3 I always give them hot packs, give them blankets
4 and as always what we're trained to do and is our
5 policy we offer everyone a ride to the hospital.

6 Q If the person is not capable of telling you what
7 they want to do, in other words, they're able to
8 say who they are but they're not capable of
9 telling you what they want to do --

10 A If I may ask you what you're asking, if the
11 patient just tells me his name, John --

12 Q That's all you can get out of him.

13 A I would be concerned about the gentleman and
14 hopefully he wouldn't put up a fight to take him
15 to the hospital. My tests I do in the field are
16 very limited compared to what a physician can do
17 and compared to what you can do in a hospital
18 setting. As always, my number one priority is to
19 take someone to the hospital. Even if someone
20 might not think they need to go, I much rather
21 err on the side of caution and take them to the
22 hospital if they're not going to put up a fight.
23 If the person who just says his name is John may
24 end up when I'm trying to help him in to the
25 hospital may tell me to screw off and that's when

1 it's a bit of a dilemma. You have to judge each
2 case on a case-by-case basis.

3 Q Your starting point is take them to the hospital?

4 A Yes.

5 MR. RUDIN: Thank you very much.

6 THE COMMISSIONER: Mr. Tammen, any questions.

7 MR. TAMMEN: Yes, thank you, Mr. Commissioner.

8 **EXAMINATION BY MR. TAMMEN:**

9 Q Sir, do you still have Exhibit 27 before you?

10 A Yes, I do.

11 Q Could you please look at Exhibit 27 and
12 specifically the dispatch form 387776.

13 A Yes.

14 Q You told us that the word "wait" printed in
15 fairly large print there and circled tells you a
16 couple of things. In this case you know from
17 this form that it was the police, Vancouver
18 Police, that specifically asked the ambulance to
19 wait, correct?

20 A Yes.

21 Q What you said that means is that the ambulance
22 crew is to wait a couple of blocks from the scene
23 until the police arrive?

24 A That's correct.

25 Q In this case you can tell from the times that are

1 noted that the ambulance crew -- this is the
2 other crew, of course, but you can tell they were
3 not required to wait, the police were obviously
4 already on scene, correct?

5 A That's correct.

6 Q I assume, however, in your years of experience
7 and the thousands of calls you've responded to,
8 that there have been occasions when you yourself
9 have arrived as part of an ambulance crew at a
10 scene with these instructions to wait and have
11 been required to wait until the police arrive,
12 correct?

13 A Yes.

14 Q What's the longest, can you approximate the
15 longest you've had to wait for police to arrival?

16 A Certain calls are prioritized. We could have a
17 call at a care home for a 90-year-old lady who is
18 demented and a bit violent and not agreeing with
19 the nursing staff, she's not a danger to herself
20 or anyone else. We take the call as dispatcher
21 and we're not going to put our crew in there --
22 we just want police presence for our protection,
23 even though it's a 90-year-old lady, but she's in
24 her room and she's fine. So we tell the nursing
25 staff to call us if anything changes and we tell

1 the police. The police prioritize their calls as
2 well. If we tell the police it's an emergent
3 call, we're going with lights and sirens -- this
4 is my experience, I've mainly worked in
5 Vancouver, they're always very, very good about
6 being there as soon as possible. I've never had
7 to wait more than a few minutes, if that, two or
8 three minutes, for any emergent call. That being
9 said, when I worked downtown in the downtown
10 core, there would be calls say at the Roxy, our
11 station is a block away so we'd obviously get
12 there before, and we'd literally just sit in the
13 ambulance and the police usually arrive two
14 minutes later if it's a stabbing or something
15 like that. They usually get there as quickly as
16 they can. It's a call-by-call basis but if it's
17 an emerg call that we're going on, this is an
18 emerg call, the police would know it's an emerg
19 call and they would be there at their best time.

20 Q Of course we know there's so many uncertainties
21 in life, the police, even though they are
22 intending to respond on an emergency basis could
23 be delayed for any number of reasons?

24 A I could have been delayed arriving today. You'd
25 have to ask a police dispatcher.

1 Q Just to go back to your personal experience, you
2 think you've never had to wait for police arrival
3 more than a matter of a few minutes, no more than
4 five?

5 A Emerg calls, my experience is with the Vancouver
6 Police Department, no more than a few minutes.
7 They're very, very good and supportive of us.
8 They get there very quickly on emerg calls.

9 Q And when they get there -- let's focus on the
10 occasions where you have had to wait two or three
11 minutes before police arrive, when the police get
12 there do they do an initial assessment of the
13 person in need of medical care before they wave
14 you on to the scene?

15 A It's call-by-call thing. If we're going to the
16 Patricia Hotel, to the third floor with a man
17 with a knife, I'm not walking in with the police.
18 I'll let them go in and they determine what
19 resources they need and they'll call us when it's
20 safe to go in. If it's a gentleman laying on the
21 street and they arrive, common sense says I can
22 be there at the curb in the ambulance and they
23 tell me to come in. It's the police that make
24 the assessment whether or not it's safe to go in.
25 That's why they're called and we're told to wait

1 . They're the experts.

2 Q I want to focus on one part of that answer. Is
3 it the police that make the assessment when it's
4 safe for the ambulance attendants to go in?

5 A Of course, that's why they're called.

6 Q I realize you might think this a bit unlikely,
7 but you agree as this policy exists as you've
8 described it, there could be circumstances where
9 a person is in need of urgent medical care, there
10 are trained paramedics at the scene but the
11 person must wait for a couple of minutes to get
12 that care because they're waiting for the police
13 to arrive, correct?

14 A That could happen. I mean, in the ambulance
15 someone is in a life-threatening condition and
16 they could wait 10, 12 minutes. Look what
17 happened in Maple Ridge 12 years ago. It depends
18 on the resources and what's happening. If
19 there's a riot going on at the same time, of
20 course police resources are going to be -- it's a
21 prioritizing system. It's a triage systems
22 hospitals use and we use as well. My experience
23 with Vancouver Police is I've never had to wait
24 more than a couple minutes. I've worked in North
25 Vancouver, I've had to wait longer, but then

1 Q In terms of your background, could you describe
2 how long you've worked for the BC Ambulance
3 Service?

4 A This January will be 22 years.

5 Q Whereabouts have you worked?

6 A I started in Hope, I've worked in Surrey, and
7 then the rest of the career, probably the last 19
8 years has been Vancouver.

9 Q And in what capacity do you now work?

10 A I work as a critical care flight paramedic out of
11 the airport.

12 THE COMMISSIONER: Critical care --

13 A Critical care flight paramedic.

14 MR. MARTLAND:

15 Q You're dispatched either by helicopter or plane?

16 A I work strictly on the helicopter, yes.

17 Q In late 1998, December 1998, what position did
18 you occupy then?

19 A I was an advanced life support paramedic.

20 Q Where within Ambulance Services does the ALS or
21 advanced life support role, what sort of a role
22 is that vis-a-vis other parts of the paramedic
23 service? What do you do?

24 A As it says, advanced life support. We bring --
25 the best description I give is when you see

1 things on T.V., like all the resuscitation
2 things, monitors, defibrillators, all the cardiac
3 drugs, airway support, we bring that to the
4 patient.

5 Q That's specialized equipment that an ordinary
6 ambulance wouldn't have?

7 A Correct.

8 Q There's a distinction in training between ALS
9 crews and other crews?

10 A Right.

11 Q What is that distinction?

12 A Usually the basic life support crews, they have
13 very limited amount of protocols and skills and
14 we have all the -- as it says, we have all the
15 advanced airway management and advanced
16 resuscitation skills.

17 Q Where were you working in December of '98?

18 A In Vancouver at station 261 based out of
19 Vancouver Hospital.

20 Q So Vancouver General at Oak and 12th?

21 A Yes.

22 Q So you're based out of the hospital. What areas
23 do you service? Where are you servicing out of
24 the hospital?

25 A The entire City of Vancouver.

1 Q So you might be anywhere within the borders of
2 the city, I suppose?

3 A Within the borders of the city. We have no
4 municipal borders. If we got closer to Burnaby
5 we would go into Burnaby. You can go as far as
6 Langley, there are no borders.

7 Q You would be dispatched based on your proximity
8 of the call and obviously the urgency of the
9 call?

10 A Correct.

11 Q Did you know Frank Paul?

12 A I had met Mr. Paul on several occasions.

13 Q Can you please describe, first of all, when you
14 first met or came to know Mr. Paul?

15 A I met Mr. Paul as a basic life support paramedic
16 doing several street calls over the years.

17 Q When would that have been?

18 A Anywhere from 1986 to '87 -- 1986 to about 1996.

19 Q That's when you were basic life support?

20 A Correct.

21 Q Can you give a sense -- that's about a decade --
22 can you give any sense where in that frame of
23 time you first encountered Mr. Paul?

24 A I couldn't even begin to tell you when I first
25 met Mr. Paul.

1 Q Let's put it this way: Do you have a sense of
2 whether in December of '98 is this someone you've
3 known for perhaps two years or much longer than
4 that?

5 A It would be over the decade. As a basic life
6 support attendant I had attended to him several
7 times. The number, I couldn't be specific.

8 Q When you say attending to him, can you generalize
9 about the sort of situation when you're attending
10 to him?

11 A Usually as calls for a man down.

12 Q What would you -- how would he present on a man
13 down call?

14 A Mr. Paul could be at times either be asleep,
15 semi-intoxicated, very intoxicated. It would
16 depend on the day and what state he was at.

17 Q What would you observe at a general level, let's
18 say on a call where you observe him to be very
19 intoxicated, what sorts of things would you
20 observe?

21 A As to -- sorry?

22 Q First of all, would you see someone who is
23 standing or sitting or neither?

24 A A very intoxicated person is usually laying down
25 or sitting up against a building or a tree or

1 something but not usually walking around if
2 they're very intoxicated.

3 Q How did you know his name?

4 A Just over the years coming to know him, you knew
5 him.

6 Q Can you give any further sense whether that's a
7 name you have from him, from others, from
8 identity documents, from a few of those things?

9 A My best recollection would be from other
10 attendants, people who knew him, you could say
11 this is Frank Paul. Sometimes you'd take him
12 into the hospital and someone over the time of
13 taking him in, someone would have identified him
14 and then you deal with him repeatedly and this is
15 Frank Paul.

16 Q From your perspective was he well known?

17 A Yes.

18 Q Do you have a recollection as to any dealings
19 with Frank Paul on December 6, 1998?

20 A The call I mentioned in the back of the detox.

21 Q Could you please describe that call and what you
22 can say about it, please.

23 A We were called to the back lane of detox. We
24 arrived, assessed Mr. Paul with our monitor to
25 check his heart rate, his breathing, check his

1 pulse, check him to see if he's been hurt or
2 attacked in any other way. We found no signs of
3 life to be present. We phoned the physician at
4 the Vancouver Hospital as per protocol to discuss
5 resuscitation, resuscitation was not to be
6 attempted and then we left.

7 Q The back lane of detox, I take it that's the 300
8 block between East 1st and East 2nd in Vancouver?

9 A Yes.

10 Q How were you dispatched to that address?

11 A I don't understand.

12 Q From your point of view, you're in an ALS car?

13 A Yes.

14 Q Can you say what information you had or what
15 caused you to go to that address? Let me help
16 you. I presume you get a radio dispatch telling
17 you a certain address?

18 A Yes.

19 Q What information in terms of Frank Paul on
20 December 6, '98, what information did you
21 receive?

22 A We received a call to the address. To wait a
23 block or two away until the police said it was
24 safe to go in.

25 Q What was your understanding of why you were told

1 to wait?

2 A I can't recall that. We can be told to wait --
3 if there's anything that's perceived as maybe a
4 possible threat to us, we're told to wait until
5 the police clear the scene. If it's a back lane,
6 we're told to wait.

7 Q I think it's fair because you've described no
8 signs of life, but I take it when you attended
9 the scene you see someone who is not mobile?

10 A Yes.

11 Q Can you describe what you observed at the scene?

12 A There was -- there was Mr. Paul on the ground,
13 there was some bystanders, a police officer,
14 that's about all.

15 Q How was he positioned, if you can say, how was he
16 positioned on the ground? On his front, his
17 back?

18 A I believe he was on his back.

19 Q Whereabouts in that lane is he positioned, do you
20 know?

21 A Oh, I just remember him being in the lane.

22 Q Not where within the lane?

23 A No.

24 Q Do you remember how close to the street he was?

25 A Well, the lane is pretty far away from the

1 street. To the best of my recollection there's
2 detox, the lane comes across the corner and he
3 was around the corner, in the corner part of the
4 lane.

5 Q You described that your memory is there's police
6 there?

7 A Yes.

8 Q Can you say anything more about that, whether
9 it's one officer, a number of officers?

10 A I believe there was two officers at the scene.

11 Q You described a little bit about the assessment
12 and using the monitor. Could you just describe
13 the monitor, please?

14 A It's a cardiac monitor to measure electrical
15 activity of a person's heart. The monitors we
16 had at the time will check three different leads
17 or three different views searching for any kind
18 of activity. There was none present.

19 Q Is CPR administered? Was CPR administered in
20 this case?

21 A To my knowledge, no CPR.

22 Q Why is that?

23 A It was cold that night so you check pulses for a
24 longer period of time. We checked pulses for
25 well over a minute, checked breathing for over a

1 minute, just to make sure there is nothing
2 present, and as per our protocol, early
3 consultation with a physician as to whether
4 resuscitation attempts will be started or not.

5 Q In this case I take it from those consultations
6 the conclusion is don't do those tests?

7 A Correct.

8 Q Is that a direction from a doctor?

9 A Correct.

10 Q In the media from time to time there are stories
11 of people who fall into a freezing river and go
12 into a hypothermic -- at least some state where
13 they're effectively frozen and despite showing no
14 signs of life can be revived. Can you say
15 anything about Mr. Paul on that night and whether
16 he could have been one of those situations or how
17 you go about making that assessment?

18 A That's why there's early consultation with the
19 emergency room physician. Mr. Paul also had --
20 his jaw was rigged tightly, it would be hard to
21 open his airway. He had some mottling on his
22 back and stuff which means the blood is starting
23 to settle out.

24 Q Carry on.

25 A He was also starting to show signs of rigor, his

1 body was getting stiff in the extremities.

2 Q What does the rigor and the mottling, what does
3 that tell you?

4 A That he's been dead for quite a while.

5 MR. MARTLAND: I wonder if this witness could be shown -- and
6 I apologize, Mr. Registrar, for not having the
7 exhibit numbers at hand. Tab 40 is a handwritten
8 crew report that was introduced through Ms. Oberg
9 yesterday.

10 THE REGISTRAR: That's Exhibit 21.

11 MR. MARTLAND:

12 Q Sir, take a moment if you would and look at it
13 and if you can please describe what it is.

14 A This is an occurrence report that we fill out
15 with the Ambulance Service.

16 Q Whose writing?

17 A That's my writing.

18 Q When was this prepared?

19 A This was prepared after the incident with Mr.
20 Paul in the lane.

21 Q What date was that?

22 A The 6th of December.

23 Q There's two dates on the top of the form. Could
24 you describe please what those dates refer to,
25 what each one refers to?

1 A The one on the upper left is the date you fill
2 out the occurrence report, the one immediately to
3 the right of it is the date or time of the
4 incident happening, so these were both -- the
5 incident and day of filling out were the same.

6 Q In the case where the occurrence report gets
7 prepared three days later, the date in the upper
8 left would reflect that, have three days later?

9 A Correct.

10 Q You wrote this document out. Why did you write
11 it out?

12 A At the time because of the incident and because
13 Mr. Paul was outside, the cold weather and the --
14 as you mentioned earlier, when people are cold in
15 emergence, it was to document how we found him
16 that night, more detail for our crew report.

17 Q Were you asked by anyone to prepare that
18 document? As an example, did the police say:
19 Make sure you provide us with a report?

20 A I can't recall if the police asked me that night.

21 Q Let me take that question a step further. Since
22 preparing the crew report that night, is there
23 any other paperwork or documentation that you
24 prepared in relation to this matter?

25 A No.

1 Q And recently Mr. Eastwood and Mr. Mior contacted
2 you and spoke to you about this matter?

3 A Yes.

4 Q But before that and since the incident until
5 then, have you had anyone come to you and ask to
6 speak with you or ask you questions about this
7 incident?

8 A No.

9 Q Do you recall anything about the weather on
10 December 6, '98?

11 A To the best of my knowledge, it was rainy and I
12 believe there was some snow on the ground.

13 Q It's implicit, but it was cold?

14 A Yes.

15 Q By our standards?

16 A Yes.

17 Q The occurrence report that you've just reviewed,
18 I take it that's something you've had a chance to
19 look at in the past number of days?

20 A The first time I saw it was today, this morning.

21 Q You did have a chance to read it this morning?

22 A I did.

23 Q Is it accurate?

24 A It is.

25 Q Is there anything you can add to it?

1 A No.

2 MR. MARTLAND: I have no further questions. Thank you. Other
3 counsel will have questions, sir.

4 THE COMMISSIONER: Mr. Eastwood, do you have questions?

5 MR. EASTWOOD: Yes, thank you, Mr. Commissioner.

6 **EXAMINATION BY MR. EASTWOOD:**

7 Q Mr. Findlay, if you could have Exhibit 21 in
8 front of you. That's your statement from
9 December of 6, 1998?

10 A Yes.

11 Q Do you have a typed version of that?

12 A I do.

13 Q Also in front of you?

14 A I do.

15 Q If you could compare the handwritten version with
16 the typed version and just tell me if there's any
17 inaccuracies there in the transcription on the
18 typed version.

19 A There are a few inaccuracies on the typed
20 version.

21 Q Could you just review them for us.

22 A On the middle it says: Native Indian plus or
23 minus of 40 years of age with full cardiac
24 arrest. It should say: No obvious trauma noted.

25 Q So in the handwritten report there's a circle

1 with a slash through it?

2 A Correct.

3 Q Is that your symbol for no?

4 A That's correct.

5 Q Are there any other inaccuracies?

6 A Near the end it says: Patient rolled to check
7 back. It has a O in the typed thing and it's
8 minor, it should be no major trauma noted. That
9 is all I see.

10 Q What about with respect to the shoes?

11 A It should say: No shoes on.

12 Q Thank you. Were you the one who prepared this
13 typed transcription?

14 A No.

15 Q Now, I just have one other question for you. You
16 were a basic life support ambulance attendant for
17 a number of years?

18 A Yes.

19 Q And in the course of that employment you would
20 have had occasion to attend a number of man down
21 calls?

22 A Yes.

23 Q Probably hundreds of them?

24 A Probably.

25 Q Would it be your normal practice to record the

1 demeanour or disposition of the patient on the
2 crew report?

3 A No. Usually just any of the medical information
4 that's needed.

5 MR. EASTWOOD: Thank you. Those are my questions.

6 THE COMMISSIONER: Mr. Crossin, do you have any questions?

7 MR. CROSSIN: No, thank you.

8 THE COMMISSIONER: Mr. Hern, I'm sorry, I missed you.

9 MR. HERN: No, thank you.

10 THE COMMISSIONER: Mr. Woodall?

11 MR. WOODALL: No, thank you.

12 THE COMMISSIONER: Mr. MacKenzie, do you have any questions?

13 MR. MACKENZIE: No.

14 THE COMMISSIONER: Mr. Kelliher?

15 MR. KELLIHER: No, thank you.

16 THE COMMISSIONER: Mr. Ward?

17 **EXAMINATION BY MR. EBY:**

18 Q My name is David Eby. I'm A lawyer for United
19 Native Nations Society. Mr. Findlay, I just have
20 one question for you. You testified that it was
21 your impression from the rigoring in the jaw and
22 the mottled back that Mr. Paul had been dead for
23 quite while. Can you say more specificity what
24 you mean by "quite a while"?

25 A Just that enough time had gone by for rigoring

1 and mottling to settle in. I'm not a forensics
2 expert but in the standard course anybody we find
3 like that, they've been dead past the time we
4 could actually try to do resuscitation and get
5 someone successfully back.

6 Q Can you give a rough timeframe?

7 A It would be so speculating. It depends on the
8 day, temperature and all I can tell you with all
9 honesty is when we see those signs we're not
10 going to be successfully resuscitating somebody.

11 THE COMMISSIONER: Mr. Rudin?

12 MR. RUDIN: No, thank you, Mr. Commissioner.

13 THE COMMISSIONER: Mr. Tammen?

14 **EXAMINATION BY MR. TAMMEN:**

15 Q I just wanted to ask you about one portion of
16 Exhibit 21. I would prefer for this cross-
17 examination if you would follow along with what
18 I'm reading from the handwritten version. I have
19 troubling reading your printing, I'm sure you
20 won't.

21 A Sorry.

22 Q Don't apologize. I'm going to be reading from
23 the typewritten version and I want you to look at
24 the printed version to make sure I'm not reading
25 something inaccurately. I'll read the whole

1 first two lines.

2 Under the date and response number above, we
3 responded code 3 to the alley of 336 East
4 1st

5 Avenue, wait for the code, two blocks away.

6 A Wait for the code 5, our term for police.

7 Q I don't think there's a 5 on the typewritten
8 version. It's the next sentence I'm particularly
9 concerned about though.

10 We received the call at 1:58 hours, cleared
11 for scene at 2:53 (five minutes later).

12 What does that sentence mean, sir?

13 A What that's talking about is we were just around
14 the corner so we arrived, we waited for the
15 police, so when I say cleared for the scene means
16 it's safe for us to approach in. I've arrived,
17 two blocks away, and then I've been cleared at
18 2:53, safe to go in.

19 Q So you waited and you made a note that it was
20 five minutes between when you arrived and when
21 were cleared by the police to enter the scene?

22 A Yes.

23 Q You're quite certain that the five-minute wait is
24 accurate?

25 A I document that. There's times we go to man with

1 a gun so I document what time we arrived and then
2 -- safety is important. I document how long it
3 takes before we actually go in. Medically later
4 on they could be asking why did it take so long
5 to start treating this patient.

6 Q Sometimes in your experience it's longer than
7 five minutes you wait?

8 A I've waited up to an hour and a half at times.

9 Q To be cleared for the scene?

10 A Yes. If there's a person with a gun in an
11 apartment it can take time to get access.

12 Q Every time you're cleared for scene you're
13 talking about, in effect, being given the green
14 light by the police department to enter the
15 scene?

16 A Correct.

17 MR. TAMMEN: Thank you.

18 THE COMMISSIONER: Re-examination, Mr. Martland?

19 **EXAMINATION BY MR. MARTLAND:**

20 Q One brief point. While you're looking at that
21 document, Mr. Findlay, if I read it correctly,
22 first you describe it as a five-minute wait but
23 then the times seem to be 1:58 and 2:53. Can you
24 explain that?

25 THE COMMISSIONER: Where are you looking at? I'm not

1 following.

2 MR. MARTLAND:

3 Q Perhaps I can read from Exhibit 21, the
4 handwritten version. We received the call at
5 01:58, cleared for scene at 02:53 (5 minutes
6 later). Does it say 5 minutes later?

7 A It does.

8 Q Is that a mistake?

9 A The 2:53 has got to be my mistake. I didn't
10 document what time I'm writing this at all. The
11 call is happening at 2:00 in the morning, the
12 occurrence report is probably being written at
13 4:00 in the morning. That's my not writing it
14 appropriately. It probably was 2:53 when I was
15 writing the occurrence report.

16 THE COMMISSIONER: So more accurately, it would be 2:03 then?

17 A 2:03 would be much more accurate, sir.

18 MR. MARTLAND:

19 Q Have you reviewed crew reports in relation to
20 your attendance on December 6, 1998?

21 A Just one.

22 Q Which one is that?

23 A The one that Mr. Berry wrote out.

24 Q I wonder if that might be shown to this witness.
25 I apologize, I don't have that number at hand.

1 Exhibit 22, thank you. Sir, is this the crew
2 report that you just described that you'd
3 reviewed?

4 A This is.

5 Q Can you say who prepared this?

6 A Mr. Berry prepared this.

7 Q You've reviewed this recently and I take it it
8 refers to the same incident you've just
9 described?

10 A Yes.

11 Q If I could draw your attention to the middle of
12 that document where it gives the times for call
13 received, start and at scene. Is that perhaps
14 the source of the times you'd put on your
15 handwritten document?

16 A That would be the source, yes.

17 Q So can you explain that, how that may have
18 happened?

19 A I can't explain that at all.

20 Q Is it fair to say you may simply have relied on
21 the times as put here to write out the occurrence
22 report?

23 A Yes.

24 MR. MARTLAND: I have no further questions. Thank you.

25 THE COMMISSIONER: Is there anything further for this witness,

1 Mr. Martland?

2 MR. MARTLAND: Perhaps Mr. Eastwood has a further question.

3 THE COMMISSIONER: Just arising out of what Mr. Martland --

4 MR. EASTWOOD: Yes.

5 **EXAMINATION BY MR. EASTWOOD:**

6 Q Sir, have you looked at your dispatch reports
7 relating to your attendance on December 6, 1998
8 to East 1st Avenue?

9 A I haven't seen them to examine them.

10 Q In your opinion would they provide a more
11 accurate setting out of the time of your
12 dispatch?

13 A I would think so. They keep track of when we
14 arrive, leave.

15 Q So if you were asked as to which you would rely
16 on in terms of the time of your dispatch and the
17 time of your clear, would you rely more on your
18 crew report or more on the dispatch report?

19 A When I'm uncertain I would fall back to the
20 dispatch report.

21 MR. EASTWOOD: Thank you.

22 THE COMMISSIONER: If there's nothing further then the witness
23 may be excused, Mr. Martland.

24 MR. MARTLAND: Yes.

25 THE COMMISSIONER: Thank you, sir, for coming and you're now

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