

<p>1 Tuesday, 20 June 2017 2 (10.00 am) 3 MR WASTELL: Sir, before we come to the live evidence for 4 today, there is one further report to read out under 5 Rule 23. It is found behind tab 54 of core expert 6 bundle 2, page 417. 7 THE CORONER: Yes. 8 MR WASTELL: Sir, it is a report prepared by Jennifer 9 Henchcliffe, clinical scientist at Manchester Centre for 10 Genomic Medicine, and is a "Molecular Autopsy, Genetic 11 Analysis" dated 3 May 2016. 12 Sir, it is a report to be admitted under 13 Rule 23.1(d) on the basis unlikely to be disputed, and 14 the author I have given, the nature of the evidence 15 I have given and the interested persons have had a copy 16 and are aware that they can object. 17 THE CORONER: Yes, well, I confirm all those things. 18 Evidence of MS JENNIFER HENCHCLIFFE (read) 19 MR WASTELL: Sir, it is a "Molecular Autopsy Genetic 20 Analysis". The name is Alexander Perepilichnyy, date of 21 birth 15 July 1968 and the date, as I say, 3 May 2016. 22 "Reason for referral: Sudden adult death. Testing 23 for mutations in a panel of genes associated with 24 inherited cardiac disorders has been requested. 25 "Results: Alexander Perepilichnyy, 15 July 1968.</p> <p style="text-align: center;">Page 1</p>	<p>1 called without there being in existence a report that 2 the interested persons can refer to and also, I think, 3 without this witness having been provided with all of 4 the material that all of the other experts have had. 5 I understand that if it comes to any point where we 6 feel we need a little bit of time, that you would grant 7 that but I just put a marker down that it is rather 8 unusual in a case of this complexity to be calling 9 an expert where we don't have a clear-ish idea of what 10 she is going to say. 11 MR WASTELL: Sir, I had traversed this with junior counsel 12 for Hermitage. It is not quite right there is no report 13 here from this expert. The report is the Henchcliffe 14 report which she will amplify and put in some context 15 for you. 16 MS HILL: Of course, yes. 17 MR WASTELL: There will be some additional matters that 18 I can take her through relating to some of the evidence 19 given by Professor Sheppard the other day. Of course, 20 as a matter of fairness, if there are matters that my 21 learned friends don't feel they can deal with, then it 22 may be they can put questions in to Dr Homfray. 23 THE CORONER: Certainly. Of course, yes. 24 25</p> <p style="text-align: center;">Page 3</p>
<p>1 "Gene panel: molecular autopsy 61 genes. 2 "Results: no pathogenic mutation identified. 3 "Comments: Alexander's DNA sample was screened for 4 61 genes associated with inherited cardiac disorders by 5 next generation sequencing. 100 per cent of the 6 targeted regions have been captured and sequenced. No 7 clearly pathogenic mutation was identified. MLPA dosage 8 analysis showed no evidence of a whole exon deletion or 9 duplication involving any genes that were tested (see 10 notes for details). 11 "We have therefore been unable to identify 12 a pathogenic mutation in any of the tested genes 13 associated with inherited cardiac disorders. 14 "For a list of additional variants of unknown 15 clinical significance detected during this analysis, 16 please refer to the notes section overleaf." 17 Sir, the next witness will deal with the details 18 overleaf but in summary, it contains notes and method of 19 the procedure; the quality, additional variants and the 20 genes tested and their sequence accession numbers. 21 Sir, having read that, the first witness is 22 Dr Homfray. 23 MS HILL: Sir, before the witness is sworn, can just 24 I indicate that we have raised an element of concern 25 with your counsel about the fact this witness is being</p> <p style="text-align: center;">Page 2</p>	<p>1 DR TESSA HOMFRAY (sworn) 2 Questions from MR WASTELL 3 THE CORONER: Stand or sit, whichever you like, either. 4 MR WASTELL: Can you state your full name for the court? 5 <b>A. My name is Dr Tessa Frances Rose Homfray.</b> 6 Q. You are a consultant in medical genetics, is that right? 7 <b>A. That's right. At both St George's University Hospital 8 and the Royal Brompton Hospital and King's College 9 Hospital.</b> 10 Q. You have a specialist interest in pre-natal diagnosis 11 but also inherited cardiac conditions, is that right? 12 <b>A. That's right.</b> 13 Q. You qualified with your primary medical degree in 1983, 14 and then went on to qualify in genetics in 1991? 15 <b>A. I started in genetics in 1991, after general medical 16 training in both paediatric and adult medicine. And 17 I became a consultant in 1997 or 1998 -- 1997.</b> 18 Q. Is it right that you, during the course of your work run 19 and inherited cardiac clinic? 20 <b>A. I run many inherited cardiac clinics, both the Brompton 21 and at St George's.</b> 22 Q. Just how many clinics do you run a month, approximately? 23 <b>A. I run five or six clinics per month, specifically in 24 inherited cardiac conditions.</b> 25 Q. In terms of your experience, for how long have you been</p> <p style="text-align: center;">Page 4</p>

1 doing those sorts of clinics?  
 2 **A. I haven't done the same number of clinics for that long**  
 3 **but I started working in the field of cardiac genetics**  
 4 **in the early 1990s with Professor Bill Mckenna, who was**  
 5 **the leader in this field at that time, who was working**  
 6 **at St George's when I was in training.**  
 7 Q. In those clinics, do you carry out genetic testing in  
 8 family members who have lost a relative to suspected  
 9 SADS, Sudden Arrhythmic Death Syndrome?  
 10 **A. We would undertake genetic testing in people who either**  
 11 **there is a known mutation within the family and**  
 12 **therefore we can help predict where they are at risk, or**  
 13 **if they have clinical evidence of a cardiac disease for**  
 14 **which we can then look for evidence of a genetic**  
 15 **disease.**  
 16 Q. What about family members who have lost a relative to  
 17 sudden cardiac disease and it is unexplained and are  
 18 looking to see whether or not they have any genetic  
 19 traits?  
 20 **A. We are only able, under those circumstances to undertake**  
 21 **cardiac genetic testing if there is what we call a**  
 22 **phenotype, ie they have some cardiac abnormality.**  
 23 **If they have completely normal investigations, we**  
 24 **would not be able to undertake any genetic testing**  
 25 **because genetic testing is not specific enough to**

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1 **undertake it with no phenotype in the field of cardiac**  
 2 **genetics at the present time.**  
 3 **Other forms of genetics, that is possible but not in**  
 4 **cardiac genetics.**  
 5 Q. So are you aware, through your clinics of, for example,  
 6 the proportion of families who have lost a loved one but  
 7 have no signs or symptoms of cardiac problems, such that  
 8 you wouldn't investigate genetically?  
 9 **A. Yes, we have a large number and we have more and more**  
 10 **people now who are actually resuscitated successfully.**  
 11 **So we do, so although they have not died, they would**  
 12 **have died had they not be resuscitated by paramedics,**  
 13 **family, et cetera.**  
 14 **And therefore we even have the, what we call the**  
 15 **proband so the person who has had the arrest and we are**  
 16 **still unable to find anything on that person because**  
 17 **when we investigate the person, even when they have had**  
 18 **the cardiac arrest, we can find no abnormalities in**  
 19 **them. We have tried to undertake genetic testing in**  
 20 **them and really we do not find anything.**  
 21 Q. We will come back to your experience of the proportion  
 22 of patients where you find nothing and those where you  
 23 find something later on, but just turning back to this  
 24 case, can you explain how you became involved?  
 25 **A. I became involved in this case, I was rung by the**

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1 **Woking, or the Surrey coroner to ask if I would be**  
 2 **prepared to undertake a molecular autopsy in this**  
 3 **unusual case.**  
 4 **I normally get asked to undertake molecular**  
 5 **autopsies, normally along with Professor Mary Sheppard**  
 6 **when she has done the post mortem. On this occasion**  
 7 **I was contacted directly by the coroner.**  
 8 Q. Now, is it right that you commissioned the molecular  
 9 autopsy in this case, therefore, what I would call the  
 10 Henchcliffe report that I read out a moment ago?  
 11 **A. Yes, when you are commissioning a molecular autopsy, you**  
 12 **have to decide which laboratory that you wish to**  
 13 **undertake this.**  
 14 **Each laboratory that have these tests available will**  
 15 **look at a slightly different panel of genes. I chose**  
 16 **the Manchester laboratory, as it is an extremely highly**  
 17 **regarded laboratory with very high clinical standards**  
 18 **but this was a test undertaken in NHS-type conditions.**  
 19 Q. So you specifically chose Manchester for the quality of  
 20 its output?  
 21 **A. Yes.**  
 22 Q. Just dealing with molecular autopsies generally, how  
 23 recent a phenomenon are they?  
 24 **A. They are a very recent phenomenon, because you mentioned**  
 25 **in your introduction about next generation sequencing**

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1 **and for those people, and I hope the majority of you do**  
 2 **not know what next generation sequencing may be, it is**  
 3 **the ability to sequence lots and lots of genes at**  
 4 **a time. In the past, we used to have to sequence small**  
 5 **bits of genes individually and it took forever.**  
 6 Q. Can I just pause you there. You may even have to treat  
 7 us even more simply, what is sequencing?  
 8 **A. Sequencing is where you take the DNA code and you take**  
 9 **a small amount of DNA code. If you think about a gene**  
 10 **as a book in a library, and that gene, you have to look**  
 11 **at every single letter within that book to pick out one**  
 12 **single mistake.**  
 13 **People, in the past, you would have to do that line**  
 14 **by line. Even for your good selves, who are experts at**  
 15 **reading evidence, I think you would find picking up**  
 16 **a single spelling mistake is challenging and extremely**  
 17 **time consuming.**  
 18 **They now have, though, created this new technique**  
 19 **where you can look at many genes at the same time and**  
 20 **until that became possible, really undertaking**  
 21 **a molecular autopsy, when there were a significant**  
 22 **number of genes that needed to be looked at, was really**  
 23 **not possible.**  
 24 **They were undertaking it in the research setting,**  
 25 **but as a for clinical utility, it was really not useful.**

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<p>1 <b>So it has only really been within the last five years at</b>                  2 <b>a maximum that we have been able to undertake this sort</b>                  3 <b>of testing.</b>                  4 Q. Now, you mentioned that each panel is slightly                  5 different. Just turning to look at the report, and it                  6 should be -- there is a bundle marked -- if you don't                  7 have your own copy, there is a bundle marked 2?                  8 <b>A. I've got my own copy.</b>                  9 Q. Right. We see, do we, that the panel of genes here was                  10 61, so there were 61 genes that were sequenced, is that                  11 right?                  12 <b>A. Yes.</b>                  13 Q. That is not standard, UK wide?                  14 <b>A. Absolutely not. Because at the moment there is no such</b>                  15 <b>thing as a standard panel test for any specific disease.</b>                  16 <b>Each laboratory will choose themselves what they will</b>                  17 <b>undertake to sequence.</b>                  18 Q. Do the panels change year-on-year as understanding and                  19 scientific investigations improve, or scientific                  20 knowledge, excuse me, improve?                  21 <b>A. They can change a little because these come as kits, so</b>                  22 <b>you buy the kit. Actually adding genes to it is quite</b>                  23 <b>tricky. So they do change but they are, at the moment,</b>                  24 <b>not able to respond very quickly to new discoveries.</b>                  25 <b>Certainly there are many new techniques coming out</b></p> <p style="text-align: center;">Page 9</p>	<p>1 <b>commonly associated with the condition.</b>                  2 Q. When you say all the genes identified, all the genes                  3 identified as doing what?                  4 <b>A. As known to cause potential arrhythmias, cardiac</b>                  5 <b>arrhythmias.</b>                  6 Q. If we turn back to the report, it suggests that it has                  7 been tested against the 61 gene panel:                  8 "100 per cent of the targeted regions have been                  9 captured and sequenced."                  10 What does that mean?                  11 <b>A. When you are undertaking this next generation</b>                  12 <b>sequencing, you actually -- you break up all the DNA and</b>                  13 <b>it is rather like shattering a glass, and you just drop</b>                  14 <b>it from a height and then you have got to actually pick</b>                  15 <b>up all the pieces again and check that you have got all</b>                  16 <b>those pieces still.</b>                  17 <b>That is what they are actually looking at. So the</b>                  18 <b>genes they want to look at, they want to check that they</b>                  19 <b>have got available in their test, so they undertake</b>                  20 <b>something called coverage, to check that all the gene</b>                  21 <b>bits that they are interested in, are available.</b>                  22 Q. So does this mean there were no problems with the                  23 availability of genes, in other words, they ran the test                  24 on all 61?                  25 <b>A. Yes, and that is actually one of the reasons why I chose</b></p> <p style="text-align: center;">Page 11</p>
<p>1 <b>that hopefully will mean that we can look at things much</b>                  2 <b>more quickly, because we are going to look at</b>                  3 <b>everything.</b>                  4 <b>So if you take the whole genome, so the whole genome</b>                  5 <b>has 20,000 genes and the aim is to look at all, or to</b>                  6 <b>sequence all 20,000 genes. But you are not interested</b>                  7 <b>in the majority of cases of those genes, but you can</b>                  8 <b>actually select the ones that you want to look at and</b>                  9 <b>then later on, if there are others that you wish to look</b>                  10 <b>at, you can go back and reanalyse the data. And that is</b>                  11 <b>going to be our future but, at the present, these are</b>                  12 <b>what we call panels of genes and are not very flexible.</b>                  13 Q. But in terms of the panel we have here, the 61 genes, if                  14 we turn over the page in the Henchcliffe report, are                  15 they the genes identified at the bottom, genes tested                  16 and sequence accession numbers?                  17 <b>A. Absolutely, yes. So they are all the genes that had</b>                  18 <b>been identified at that time and the report, I think,</b>                  19 <b>was 2015.</b>                  20 Q. May 2016?                  21 <b>A. May 2016, but I think it was sent off a few months</b>                  22 <b>beforehand, they were the -- all the genes that were</b>                  23 <b>available at the present time and a few with very little</b>                  24 <b>evidence to support them as well.</b>                  25 <b>So it tends to be more genes looked at than are</b></p> <p style="text-align: center;">Page 10</p>	<p>1 <b>to send this to Manchester, because they are so good at</b>                  2 <b>doing that particular type of test.</b>                  3 <b>Many other labs miss bits out because they can't</b>                  4 <b>capture, they cannot get all those little tiny pieces of</b>                  5 <b>glass back up again.</b>                  6 Q. It goes on to say that, well, it identifies a variance                  7 of unknown clinical significance detected during the                  8 analysis, although the overarching conclusion is no                  9 pathogenic mutations.                  10 Then if we go overleaf, we see some additional                  11 variants there listed, in fact two. Can you help us                  12 with what that means, and whether this could have                  13 a relationship to Mr Perepilichny's death?                  14 <b>A. Both these variants are in a gene called titin, and</b>                  15 <b>titin is the largest known gene. It is the commonest</b>                  16 <b>associated gene with dilated cardiomyopathy.</b>                  17 <b>Mr Perepilichny -- God, I can't pronounce his name,</b>                  18 <b>sorry -- did not have any evidence of a dilated</b>                  19 <b>cardiomyopathy on post mortem. There is no evidence</b>                  20 <b>that titin causes arrhythmias in the absence of any</b>                  21 <b>clinical disease.</b>                  22 <b>Therefore, I would be very happy to discount those</b>                  23 <b>variants.</b>                  24 Q. You would say, would you, they are irrelevant in this                  25 case, to cause of death?</p> <p style="text-align: center;">Page 12</p>

<p>1 <b>A. They are completely irrelevant. There is no question</b>  2 <b>they are irrelevant.</b>  3 Q. Now, in bare terms, we see the conclusion that there is  4 no pathogenic mutation of any of the suggestion genes  5 associated with inherited cardiac disorders.  6 Now, we have heard from Professor Sheppard, in  7 simple terms, that wouldn't mean and Dr Wilmshurst that  8 he doesn't have or might not have had inherited cardiac  9 disorder.  10 Can you explain to the coroner the limitations to  11 the testing that is done, or that was done in 2016?  12 <b>A. And would remain in 2017. When you are looking for the</b>  13 <b>cause of an underlying sudden cardiac death, you are</b>  14 <b>looking for something that is very rare.</b>  15 <b>So you are not looking for something that will occur</b>  16 <b>in the normal population and we now have normal</b>  17 <b>population databases looking at frequency of variation</b>  18 <b>within genes and of course we are all different.</b>  19 <b>They take what is something called a minor allele</b>  20 <b>frequency, or MAF, as one in 10,000. So if you find</b>  21 <b>a variant that is more frequent than one in 10,000, it</b>  22 <b>is ignored. Okay?</b>  23 <b>Because we all have 20,000 variants that are</b>  24 <b>different from our parents. If you started to have to</b>  25 <b>look at all these variants, you would be there forever</b></p> <p style="text-align: center;">Page 13</p>	<p>1 correct?  2 <b>A. Absolutely.</b>  3 Q. What about channelopathies where -- are there  4 channelopathies where no known genetic marker has been  5 identified?  6 <b>A. Are you saying are there channel genes where no</b>  7 <b>mutations have ever been as the cause of an arrhythmia?</b>  8 Q. Yes?  9 <b>A. Yes, there are.</b>  10 Q. Are there thought to be primary arrhythmogenic disorders  11 that have no underlying genetic basis?  12 <b>A. It is very difficult to know what one does not know,</b>  13 <b>okay. Myocarditis, or inflammation of the heart muscle,</b>  14 <b>is very much thought to have -- has a low genetic, not</b>  15 <b>no genetic, yield. And, also for people who have</b>  16 <b>metabolic abnormalities or electrolyte imbalances, we</b>  17 <b>know people who have altered potassium or calcium levels</b>  18 <b>can have cardiac arrests. We know people who get very</b>  19 <b>cold or very hot can again have cardiac arrests without</b>  20 <b>any abnormalities in themselves, any inherited</b>  21 <b>abnormalities. So yes, there are many many causes of</b>  22 <b>arrhythmias that are not inherited.</b>  23 Q. And going, then, to sort of broad prevalence of the  24 finding of genetic mutations. We have heard some  25 evidence from Professor Sheppard last week but in your</p> <p style="text-align: center;">Page 15</p>
<p>1 <b>with just one person.</b>  2 <b>So the computer sifts out all these variants with</b>  3 <b>this level of frequency, but if you imagine that one of</b>  4 <b>us could have 10, 11, 12 of these minor allele frequency</b>  5 <b>variants and actually if you put them all together you</b>  6 <b>have got an increased risk of dying, we would miss every</b>  7 <b>single case like that.</b>  8 <b>And our feeling, and I have to say this is a feeling</b>  9 <b>and I am not sure how in court, how well court goes down</b>  10 <b>with feelings, is that a lot of the cases will be to</b>  11 <b>a number of very minor abnormalities, that actually you</b>  12 <b>need two, three, five, six or more before you will have</b>  13 <b>a problem.</b>  14 <b>Therefore, you will also not have a family history</b>  15 <b>because some of them will have arisen in that person</b>  16 <b>themselves and some of those will have arisen from both</b>  17 <b>your parents. Therefore, your parents may only have</b>  18 <b>one, two or three, but whereas when you have got them</b>  19 <b>you have got many more.</b>  20 <b>So there is no inheritance pattern to these.</b>  21 Q. So the limitation you are identifying, as I understand  22 it, correct me if I am wrong, is it may be a combination  23 of more subtle variations, or rather variations that  24 wouldn't be picked up by these tests because they are  25 more prevalent than the cut off of one in 10,000,</p> <p style="text-align: center;">Page 14</p>	<p>1 clinical experience, if you take a 40-plus year old  2 male; either through the route that they have survived  3 resuscitation or they have died and you are looking at  4 family members, in what broad proportion would you  5 expect to find a genetic mutation on molecular autopsy,  6 or on living testing?  7 <b>A. If you had a 40-year old with no family history, because</b>  8 <b>certainly if there is a family history of sudden death,</b>  9 <b>then the yield from your genetic test will become much</b>  10 <b>higher; but if there is no family history and you are</b>  11 <b>talking about a 40-year old with a normal expert post</b>  12 <b>mortem, and relatives who have got no abnormality, we</b>  13 <b>are talking about less than 10 per cent.</b>  14 Q. Yes. In less than 10 per cent of individuals, in your  15 experience, you would find some genetic anomaly?  16 <b>A. In a 40-year old.</b>  17 Q. What is the correlation between, or the relationship  18 between age and likelihood of finding a genetic  19 mutation?  20 <b>A. Certainly in the young children that I deal with on more</b>  21 <b>occasions, we have a much higher yield, because they are</b>  22 <b>much more likely to have a rare variant, and</b>  23 <b>particularly this condition called catecholaminergic</b>  24 <b>polymorphic ventricular tachycardia, or CPVT, for anyone</b>  25 <b>who really wants to write it down. There is a very high</b></p> <p style="text-align: center;">Page 16</p>

<p>1 yield in the young children, because it has such 2 an awful prognosis. So for that particular condition, 3 we managed to pick up a really quite high proportion but 4 by the time you are 40, if you have that condition, you 5 are probably going to be dead.</p> <p>6 So you have, if you like, lived through a lot of 7 your risk from these people who have these very nasty 8 mutations, so presenting at 40 would be less common.</p> <p>9 Q. Is that because, as I understand your last answer, the 10 very nasty mutations are likely to have presented 11 themselves?</p> <p>12 A. Yes.</p> <p>13 Q. Is that penetrants?</p> <p>14 A. That is penetrants. Now, we have a lot of diseases that 15 have what we call age-related penetrants, so, if you 16 have, for instance, let's take something completely 17 different like breast cancer, you are more likely to get 18 it when you are old, so taking a ten year old is not 19 going to tell you anything about whether they have got 20 the gene or not.</p> <p>21 Whereas with these cardiac disease, CPVT for 22 instance, they are age-related penetrants, it is young.</p> <p>23 Q. It may be slightly counterintuitive, but just to put the 24 opposite to you, why would it not be that if 25 an individual survives to 44, without any prior symptoms</p> <p style="text-align: center;">Page 17</p>	<p>1 is okay because they haven't done this, the teenager is 2 dropping down dead and we are seeing that with a number 3 of conditions now.</p> <p>4 Q. Can I just, then, deal with the overall figure you have 5 given, the less than 10 per cent figure.</p> <p>6 When Dr Wilmshurst was here last week, he suggested 7 that the Manchester clinic, on audit, had about 8 a 30 per cent return of genetic mutations on, I think, 9 on molecular autopsy but how does that fit with your 10 less than 10 per cent figure?</p> <p>11 A. Well, for a start, the majority of people who have 12 a molecular autopsy undertaken are under the age of 40, 13 okay. So, first of all, there has been a huge selection 14 for the very young. Not the sudden infant deaths but 15 the sudden deaths after the age of 1.</p> <p>16 And the other thing is, when you are doing 17 a molecular autopsy, you may have found something on the 18 post mortem, so you may find evidence of a hypertrophic 19 cardiomyopathy, which is probably the commonest cause of 20 inherited cardiac sudden death but you will pick that up 21 on a molecular autopsy -- I mean on an autopsy; and when 22 you then go on to undertake the molecular autopsy, you 23 have a very high chance of finding the mutation.</p> <p>24 So it depends on what you give to your lab of what 25 you will get out of it.</p> <p style="text-align: center;">Page 19</p>
<p>1 and without having died, why would it not make it less 2 likely that they have a genetic mutation?</p> <p>3 A. It does make it less likely that they would have one of 4 these highly penetrant mutations.</p> <p>5 It doesn't make it less likely, though, that they 6 have got multiple low penetrant mutations but it 7 absolutely makes it much more, less likely that you will 8 find one of these more highly penetrant ones.</p> <p>9 Q. Yes. Do you in your clinic see 40-year old males who 10 have either been resuscitated, or you are having family 11 members of them who have died without prior symptoms and 12 no family history?</p> <p>13 A. Yes, we do see that some people seem to be protected and 14 they are probably the rest of their genetics, or maybe 15 they have a thoroughly splendid lifestyle or something 16 else that has actually protected them.</p> <p>17 One of the things that is interesting us enormously 18 is where does sport come into this particular issue. 19 And there is no doubt that sport is not necessarily good 20 for you, which isn't maybe what the public are allowed 21 to hear.</p> <p>22 But we do know now with craze of a lot of our young 23 teenagers now, haring around, running marathons and 24 taking a huge amount of exercise, they are putting 25 themselves at risk. So whereas their sedentary parent</p> <p style="text-align: center;">Page 18</p>	<p>1 Q. So, to be clear, your 10 per cent relates to; one, the 2 age category, and, two, the absence of any structural 3 findings on cardiac post mortem by Professor Sheppard, 4 is that right?</p> <p>5 A. Absolutely.</p> <p>6 Q. I think Professor Sheppard has been described as a world 7 expert in doing what she does, in cardiac post mortems, 8 would you agree with that?</p> <p>9 A. She is.</p> <p>10 Q. The second statistic we were given is that when you take 11 family members, of those who have died of SADS, you 12 would expect to find signs or symptoms about in four out 13 of 10 families, so 40 per cent of families, you would 14 find something. How does that correlate to this sort of 15 case, in your experience?</p> <p>16 A. Well, I think the difference with when you find 17 abnormalities in family members is the nature of how the 18 person died: if you die in your sleep, you have a much 19 higher chance of having family members with 20 an abnormality which you do not find on a molecular 21 autopsy.</p> <p>22 That is because there is this rather odd condition 23 called Brugada Syndrome and Brugada Syndrome seems to be 24 associated with lots of gene mutations, rather like 25 I described of low frequency but unidentified mutations,</p> <p style="text-align: center;">Page 20</p>

5 (Pages 17 to 20)

<p>1 <b>and therefore you are more likely to find abnormalities</b>  2 <b>on them and having missed things on the molecular</b>  3 <b>autopsy.</b>  4 <b>So in patients who are exerting themselves, as in</b>  5 <b>this case, it is much less likely that you would find</b>  6 <b>abnormalities within the family and with a negative</b>  7 <b>molecular autopsy.</b>  8 Q. So is that because, is it, you are suggesting that  9 Brugada syndrome is not consistent with dropping dead  10 whilst exercising, if that is ultimately what the  11 evidence shows?  12 <b>A. It would be very rare to drop down dead with Brugada</b>  13 <b>syndrome on exercise.</b>  14 Q. And Brugada Syndrome, as I understand your evidence, has  15 a higher correlation with signs and symptoms in family  16 members?  17 <b>A. It does. In the presence of a negative molecular</b>  18 <b>autopsy.</b>  19 Q. In the presence of a negative molecular autopsy.  20 Can we look then, finally, just to see how your  21 overall conclusion fits with one of the papers we have  22 looked at. Can we look at the Lahrouchi paper and  23 I hope you have got a copy of this. Sir, it should be  24 behind your tab 96, in bundle 3?  25 <b>A. It is all right, it is easier to use my own.</b></p> <p style="text-align: center;">Page 21</p>	<p>1 good health within 24 hours and no cause of death  2 identifiable on comprehensive, coronial and cardiac  3 autopsy or on toxicological analyses. Cases with  4 structural disease or non-specific changes at autopsy  5 were excluded."  6 So they are taking the very pure cases of no finding  7 at autopsy, aren't they?  8 <b>A. That's right.</b>  9 Q. The panel they have used of 77 seems to be slightly  10 larger than the Manchester panel of 61?  11 <b>A. Yes, when you are undertaking a research study, you can</b>  12 <b>actually look for new things. When you are undertaking</b>  13 <b>a test for clinical purposes, there are two things: one,</b>  14 <b>you need to be able to interpret your results, and also</b>  15 <b>you have got to have a practical approach of how much</b>  16 <b>can you analyse effectively.</b>  17 <b>So 61 genes, if you look at the yield of which genes</b>  18 <b>they actually identify mutations in, in both papers, in</b>  19 <b>both the clinical report and this, they have not found</b>  20 <b>any other mutations in any genes that have been not</b>  21 <b>covered in the 61 gene panel, so they have found nothing</b>  22 <b>else that they have reported on, despite a bigger panel.</b>  23 <b>So bigger is not always better.</b>  24 Q. Understood.  25 If we then turn to results at 2137, in particular</p> <p style="text-align: center;">Page 23</p>
<p>1 Q. Bundle 3 of the expert bundles, tab 96. There should,  2 I hope, be a purple flag.  3 This a 2017 paper by a series of authors called  4 a Lahrouchi paper but we see, don't we,  5 Professor Sheppard and indeed Dr Behr contributing to  6 it, the last two names, do you see that?  7 <b>A. We do, yes.</b>  8 Q. Yes. Again, we have heard a little bit about this last  9 week, but just turn over the page to 2135, the bottom of  10 the left-hand column, where they explain what they have  11 done.  12 They investigated there an extended panel of 77  13 primary electrical disorder and cardiomyopathy genes in  14 the largest set of SADS cases N equals 302.  15 So just break that down for me. They have taken 302  16 cases of SADS, I think, and we see in the following  17 paragraph under "Methods" and indeed we heard last week  18 it comes from a number of places, including St George's,  19 those 302 cases?  20 <b>A. They do.</b>  21 Q. And just at the -- under "Methods", the 302 cases of  22 SADS, they define SADS as:  23 "Unexplained death without prior cardiovascular  24 disease within one hour of symptom onset, or  25 an unwitnessed death with the individual being seen in</p> <p style="text-align: center;">Page 22</p>	<p>1 the table, although just before that, they say under  2 "Results", don't they, that the table deals with  3 demographic and clinical characteristics of all  4 subjects?  5 <b>A. Hmm.</b>  6 Q. Then, just in the column next to it, the last long  7 paragraph, they explain the sort of broad conclusion is  8 genetic testing was performed, and then just before  9 where it says "Table 2", there was a yield of pathogenic  10 or 20 likely pathogenic variants with an overall yield  11 of 30 per cent, 40 of 302 patients.  12 Am I right, they found in 13 per cent of cases some  13 either pathogenic mutation or likely pathogenic  14 mutation?  15 <b>A. In 13. They did, yes.</b>  16 Q. And then just looking at table 1, we see on the  17 left-hand column all cases of SADS, so the 302 cases and  18 then to the column next to it, where N equals 262, those  19 are the cases where there was negative genetic testing,  20 is that right?  21 <b>A. That's right, yes.</b>  22 Q. And we see, do we, that a low proportion, 9 per cent,  23 are the circumstances of death described as "exercise  24 and extreme emotion"?  25 <b>A. Yes, because most deaths occur at rest, or in sleep, so</b></p> <p style="text-align: center;">Page 24</p>

<p>1 <b>it is unusual to die on exercise but there is a higher</b>                  2 <b>yield of mutations if you do die on exercise. So they</b>                  3 <b>pick up more abnormalities in those people who die, the</b>                  4 <b>molecular autopsy, is more, it has a higher proportion</b>                  5 <b>of being positive if you have died on exercise.</b>                  6 Q. I had understood you to say the opposite before. Which                  7 is that Brugada Syndrome has a high yield of genetic                  8 mutations?                  9 <b>A. No, no, Brugada Syndrome has a low yield of genetic.</b>                  10 Q. I see?                  11 <b>A. But it has a much higher yield of clinical yield</b>                  12 <b>investigation. So, no, Brugada has a low yield from</b>                  13 <b>genetic investigations.</b>                  14 Q. Understood, so if the individual drops dead during                  15 exercise, you would expect it would be more likely to                  16 find a genetic mutation on molecular autopsies?                  17 <b>A. It would be more likely.</b>                  18 Q. The figure given here, just taking this sample, if we                  19 look at the next column along, the third column along,                  20 so of the 40 in which they had a positive genetic                  21 autopsy, 29 per cent of them died during exercise or                  22 extreme emotion, or and/or extreme emotion, is that                  23 right?                  24 <b>A. Yes.</b>                  25 Q. So just before we come to this case, the other</p> <p style="text-align: center;">Page 25</p>	<p>1 Q. And the other piece of evidence that I don't think we                  2 have touched on yet, because I have asked you to                  3 consider the case where no signs and symptoms were found                  4 in family members, is a male of 44, or 40s, who dies                  5 when exercising. In what proportion of those cases, in                  6 your experience, would you expect to find some sign or                  7 symptom in family members on investigation?                  8 <b>A. Well, it would have to be the same 10 per cent, really,</b>                  9 <b>because it may be a slightly different 10 per cent,</b>                  10 <b>whereas with the Brugadas you have a high chance, with</b>                  11 <b>the exercise in a 44-year old, it is highly unlikely to</b>                  12 <b>be the CPVT, because as I said they would have died</b>                  13 <b>earlier, but you may see it in the long QT individuals.</b>                  14 <b>I am discounting, once again, the ones with structural</b>                  15 <b>abnormalities such as hypertrophic cardiomyopathy.</b>                  16 Q. Yes, sorry, the premise to all of these is --                  17 <b>A. A normal --</b>                  18 Q. -- a genuine SADS, so nothing on post mortem.                  19 <b>A. Absolutely, and it has to keep coming back to the</b>                  20 <b>majority you would find signs on the post mortem.</b>                  21 Q. Just to finish off then the Lahrouchi paper, the next                  22 figure I want to take you to, just to get your                  23 interpretation of it, is at page 2139. It is some                  24 pie-charts in the table's central illustration, do you                  25 see that?</p> <p style="text-align: center;">Page 27</p>
<p>1 circumstances we take from this, or other statistic we                  2 can take from this, is there is a very high rate of                  3 having no prior symptoms before death, isn't there?                  4 <b>A. Yes, which is extraordinary, isn't it, that it is your</b>                  5 <b>first sign but, yes, unfortunately is that is the case.</b>                  6 Q. And that correlates with your clinical experience?                  7 <b>A. Yes, absolutely.</b>                  8 Q. Turning back to the exercise question, and I apologise                  9 if I put the wrong premise to you, but in an individual                  10 of 44, or a male in their 40s, who drops dead during                  11 exercise, with no findings at post mortem, and no family                  12 signs or symptoms, how likely in your experience are you                  13 to find a genetic mutation?                  14 <b>A. Well, I would have said it was under 10 per cent and</b>                  15 <b>I think the group that gives us that sort of information</b>                  16 <b>is the ones that actually do survive, so the ones that</b>                  17 <b>are resuscitated, who we have a much greater ability to</b>                  18 <b>investigate further and we are not finding it even in</b>                  19 <b>that particular group. So we are not finding it on the</b>                  20 <b>molecular autopsy, but we are also not finding the cause</b>                  21 <b>in that group who are now back running around. They</b>                  22 <b>have got their implantable defibrillators inside them,</b>                  23 <b>they may be going on and having more shocks, having had</b>                  24 <b>one, but we still cannot find out what is wrong with</b>                  25 <b>their hearts.</b></p> <p style="text-align: center;">Page 26</p>	<p>1 <b>A. Yes.</b>                  2 Q. The top left piechart is said to be the yield of genetic                  3 testing in 302 SADS cases, yes?                  4 <b>A. Yes.</b>                  5 Q. You see there the 13 per cent that are pathogenic or                  6 likely pathogenic, correct?                  7 <b>A. Yes.</b>                  8 Q. But then we have a subdivision of all the rest, so                  9 a subdivision of the remaining 87 per cent, between                  10 those where there is no rare variant, 44 per cent, and                  11 those where there is VUS, 42 per cent. VUS, the key                  12 tells us is variant of unknown significance.                  13 Does that not mean that most of those dying of SADS                  14 in whom you perform a molecular autopsy you would expect                  15 to either find pathogenic or likely pathogenic mutation                  16 or a VUS?                  17 <b>A. It depends who is reporting the VUSs. In a clinical</b>                  18 <b>report, you would not mention most of the VUSs because</b>                  19 <b>it is not clinically actionable.</b>                  20 <b>So the number of VUSs that are actually reported is</b>                  21 <b>minimal, because we don't know what we don't know -- as</b>                  22 <b>I always will repeat -- and therefore you wouldn't know</b>                  23 <b>about most of these.</b>                  24 <b>Occasionally they will be reported and here this is</b>                  25 <b>a research study and therefore it is a different level</b></p> <p style="text-align: center;">Page 28</p>

<p>1 <b>of reporting from a clinical report, but most of the</b>                  2 <b>VUSs we don't report because we don't think they are</b>                  3 <b>relevant -- there is a small chance that they might be</b>                  4 <b>relevant but, if we reported them all, patients would be</b>                  5 <b>in a terrible muddle and therefore we do not report</b>                  6 <b>them.</b>                  7 Q. So were they or were they not reporting VUSs in this                  8 case, in this molecular autopsy?                  9 <b>A. They will only have reported the VUSs that are at the</b>                  10 <b>higher end of most likely to have a clinical utility, so</b>                  11 <b>they mentioned the titin ones but there will be others.</b>                  12 <b>Many will have been filtered out of the system because</b>                  13 <b>of the minor allele frequency but many will have, on</b>                  14 <b>looking at the data themselves, they will have decided</b>                  15 <b>not to report.</b>                  16 Q. Just finally, dealing with the combination of evaluating                  17 families and genetic testing, you have given us your                  18 overall figure from clinical experience but, looking at                  19 this, they have gone on to evaluate 82 families who were                  20 family members of the 302 involved in the study,                  21 correct?                  22 <b>A. Hmm.</b>                  23 Q. In which they have found a clinical diagnosis in 21 of                  24 the 82 families, is that right, am I interpreting that                  25 right?</p> <p style="text-align: center;">Page 29</p>	<p>1 a sign or symptom on investigation?                  2 <b>A. I think there are two reasons for that. One is his age</b>                  3 <b>and, although this paper discusses that a molecular</b>                  4 <b>autopsy can be useful in the older population -- old at</b>                  5 <b>40 seems rough, but anyway -- the actual numbers that</b>                  6 <b>they have looked at over 40 is a tiny proportion. So</b>                  7 <b>that is the first thing; and they will only have taken</b>                  8 <b>those that there is something slightly unusual about,</b>                  9 <b>and one of their cases is one that I was very strongly</b>                  10 <b>involved with and they had already lost a 14-year old</b>                  11 <b>within the family. So there was a strong family history</b>                  12 <b>of SADS and so that doesn't fit in this case. So he was</b>                  13 <b>over 40 and he was taking exercise, and from my</b>                  14 <b>understanding there is no family history but I don't</b>                  15 <b>know that.</b>                  16 Q. Just to be clear, you are taking the premises from me.                  17 You haven't been party to the evidence in this case,                  18 either the wider written evidence or the evidence                  19 presented in court. You are taking the premise of                  20 an individual of 40-plus, 44 in this case, who dies                  21 during exercise with no findings on post mortem and no                  22 prior history or family signs and symptoms?                  23 <b>A. I am taking that from you, you are right. I haven't</b>                  24 <b>seen all the documented evidence and, obviously, I</b>                  25 <b>haven't been here over the days that that has been</b></p> <p style="text-align: center;">Page 31</p>
<p>1 <b>A. I think that is absolutely right, yes.</b>                  2 Q. Looking at the bottom left figure.                  3 <b>A. Yes, and if you look at that, Brugada Syndrome again is</b>                  4 <b>the most prevalent in that particular group.</b>                  5 Q. This is what I was going to ask you about. So just to                  6 clarify what we have got here, 21 of 82 families they                  7 found a clinical diagnosis, correct?                  8 <b>A. Yes.</b>                  9 Q. Of which seven of the families overlap with the                  10 molecular autopsy?                  11 <b>A. Yes. So, if you take the CPVT for instance, and I was</b>                  12 <b>involved with a number of these cases, we were able to</b>                  13 <b>test other family members and we could pick up the</b>                  14 <b>diagnosis, but these, the ones that had died in specific</b>                  15 <b>circumstances and the age at diagnosis for the ones</b>                  16 <b>where we are talking about CPVT and the long QT, which</b>                  17 <b>are the ones that are involved with exercise</b>                  18 <b>particularly, there may well be an overlap between both</b>                  19 <b>the molecular autopsy and the clinical diagnosis.</b>                  20 Q. And just then turning to the punchline in the paper,                  21 which is the combination of the two gives you a yield of                  22 39 per cent.                  23 Why are you suggesting a much lower figure in this                  24 case? Why can't we take it as 39 per cent of patients                  25 you would either find a mutation or a family member with</p> <p style="text-align: center;">Page 30</p>	<p>1 <b>discussed.</b>                  2 Q. So the first reason you gave me was age.                  3 You suggested there were two reasons?                  4 <b>A. Yes, so one is age and the other is it was on exercise</b>                  5 <b>rather than actually at rest.</b>                  6 Q. You mentioned Brugada Syndrome, does that mean you are                  7 taking out, most likely, Brugada Syndrome from the                  8 possible causes?                  9 <b>A. Yes, I am removing the Brugada Syndrome from this.</b>                  10 Q. Which you mentioned has the higher likelihood of finding                  11 family signs and symptoms?                  12 <b>A. Yes.</b>                  13 Q. So we see in the graph at the bottom right, don't we, of                  14 all of the families, of all 82, 18 per cent the                  15 diagnosis was Brugada Syndrome, yes?                  16 <b>A. Yes.</b>                  17 Q. But actually it is 18 per cent of the 39 per cent in                  18 which a diagnosis was reached one way or the other?                  19 <b>A. Yes, but that will be the group where there is</b>                  20 <b>particularly nothing found on genetic analysis and that</b>                  21 <b>isn't breaking that particular graph, it isn't taking --</b>                  22 <b>it isn't saying which are the overlapping patients in</b>                  23 <b>that particular group.</b>                  24 MR WASTELL: Understood.                  25 Thank you, I've got no further questions.</p> <p style="text-align: center;">Page 32</p>



<p>1 MR MOXON BROWNE: I have no questions. 2 Questions from MR STRAW 3 MR STRAW: Just one please, just to clarify something you 4 said a moment ago. 5 Did you say that, of the people studied under this 6 paper, only a tiny proportion were over 40? 7 <b>A. I did.</b> 8 Q. So that is of the SADS cases studied by this paper? 9 <b>A. Yes.</b> 10 Q. Thanks very much. 11 <b>A. And that is in all the cases -- sorry, all the cases of</b> 12 <b>all the reports is they have absolutely concentrated on</b> 13 <b>people under 40 and, in a lot of cases, under 35.</b> 14 MR STRAW: Thank you. 15 THE CORONER: Thank you very much indeed. 16 Thank you. 17 <b>A. Thank you.</b> 18 MR SKELTON: Ms Taylor. 19 DS SEEMA TAYLOR (reaffirmed) 20 Questions from MR SKELTON (continued) 21 MR SKELTON: I think you were already under oath. 22 THE CORONER: You were but it was some time ago so we 23 thought we would do it again. 24 MR SKELTON: Thank you. 25 I am going to put two extra documents to you. I</p> <p style="text-align: center;">Page 33</p>	<p>1 "Mrs Perepilichnaya disclosed that not long ago she 2 returned home unexpectedly and overheard Alexander on 3 the phone to an unknown person. He was telling that 4 person that pressure was being put upon him and saying 5 that they know where they living in Surrey." 6 <b>A. That's correct.</b> 7 Q. As I understood it, the "him" in that case is pressure 8 upon Mr Perepilichny himself, is that correct? 9 <b>A. Yes, because we were discussing her husband, so the</b> 10 <b>presumption is it is in relation to her husband, as</b> 11 <b>opposed to a third person.</b> 12 Q. Did you ask for clarification of who that person was 13 that was putting pressure on him? 14 <b>A. Sorry?</b> 15 Q. Did you ask her to clarify who it was that was putting 16 pressure on him? 17 <b>A. If I haven't got it recorded in my actual notebook or in</b> 18 <b>here, I can't remember.</b> 19 Q. You don't have it recorded, as I understand it. 20 <b>A. Okay.</b> 21 Q. But did Mrs Perepilichnaya elaborate beyond what you 22 have recorded here about what this was about? 23 <b>A. Other than what I've got in my notebook and then -- the</b> 24 <b>notebook was actually used as a prompt for us to write</b> 25 <b>the officer's report, which is why the other FLO,</b></p> <p style="text-align: center;">Page 35</p>
<p>1 just want to check from the outset that you have got 2 them to hand. That is the meeting note that was 3 provided by Gherson Solicitors? 4 <b>A. I haven't got them to hand.</b> 5 Q. I think you have seen it, haven't you? 6 <b>A. I have seen it.</b> 7 Q. I will just see if I can get a copy, and a statement of 8 Mr Gherson. I should have raised that in advance. 9 I think we spoke about the former last week, didn't we? 10 (Handed). 11 Just to recap, DC Taylor, we were discussing what 12 issues of safety were raised with Mrs Perepilichnaya, or 13 by Mrs Perepilichnaya, during your meeting with her on 14 29 November 2012, so just over two weeks after 15 Mr Perepilichny died. 16 If you want to go back to the note of your meeting 17 that you took, you can find it on page 228 of the 18 witness bundle, under tab 18. 19 <b>A. Is it file 3? In which file?</b> 20 Q. The witness bundle. Thank you. 21 <b>A. Sorry, tab?</b> 22 Q. Tab 18. Page 228, is the part of your note where you 23 focus on the three issues. Do you see that? 24 <b>A. Yes.</b> 25 Q. So the first point that comes out is that you record:</p> <p style="text-align: center;">Page 34</p>	<p>1 <b>Kay Button, and I would check each other's officer's</b> 2 <b>report or write them together, because she may remember</b> 3 <b>something that I may have missed out or vice versa.</b> 4 Q. Do you have your notebook with you again today? 5 <b>A. I handed it back in, so ...</b> 6 Q. I don't know whether it is still available. 7 So I am looking at bundle 5, volume 2, for those who 8 want to follow this aspect, at page 436 in the bottom 9 handwritten notes and it is electronic page 7 on the 10 internal note. Do you have that? 11 <b>A. Which page? Sorry, the date, is it the --</b> 12 Q. It is 29 November, so it is your meeting at Ghersons on 13 the afternoon of 29 November, and several pages in you 14 see, after a long list of things that you have elicited 15 from Mrs Perepilichnaya, you say "Something that not 16 long ago he didn't ..." Well, first of all: 17 "Political situation in Russia, of course under 18 pressure, stress." 19 Do you see that, at the top of the page? 20 <b>A. Could you tell me the page number at the top, sorry.</b> 21 Q. Page 7. 22 <b>A. Page 7.</b> 23 Q. That is the little electronic page number, isn't it? 24 <b>A. Yes.</b> 25 Q. "Political situation in Russia, of course under</p> <p style="text-align: center;">Page 36</p>

<p>1 pressure, stress." 2 <b>A. Yes.</b> 3 Q. Then what is that first bit after that? 4 "I..." 5 <b>A. "It is not ..." -- I've crossed out --</b> 6 THE CORONER: "It is not that long ago." 7 <b>A. I have crossed out long: "Not that long ago."</b> 8 Q. "Not that long ago, he didn't know I was there, somebody 9 is putting pressure on him. Know where living. Surrey 10 address." 11 Trying to look back now, is that all you can 12 remember Mrs Perepilichnaya telling you? 13 <b>A. Yes, because I tried to, from recalling now, because</b> 14 <b>these notes in 2012 would have meant more to me than</b> 15 <b>they do now. From recollection I would have been trying</b> 16 <b>to write as she was speaking.</b> 17 Q. Do you also have the copy of the attendance note that 18 Ghersons took, please? 19 <b>A. Yes.</b> 20 Q. So this says, for the avoidance of doubt, this is not 21 a verbatim note and should only be used as 22 an aide-memoire, and then it records, in fact by way of 23 to and fro between the attendees, what is said to have 24 taken place. If you go to page 8 of that, you can see 25 about three-quarters of the way down where this</p> <p style="text-align: center;">Page 37</p>	<p>1 <b>A. Yes.</b> 2 Q. The answer from Mrs Perepilichnaya as recorded in this 3 is: 4 "Now when I read the newspaper things I wonder." 5 So that is her reacting, it seems, to reporting from 6 the press after Mr Perepilichny's death. 7 She then goes on to say: 8 "I can't tell you that he discussed anything with 9 me. He was really protective. I was the one who was 10 worried and was always complaining. He would always say 11 'Everything is fine, you are imagining things!'" 12 Do you remember that? 13 <b>A. I don't remember it, but I am not disputing what is</b> 14 <b>written here, so ...</b> 15 Q. Are you in a position, say from what you have noted, are 16 you in a position to comment on things that are noted 17 here which you haven't recorded? 18 <b>A. Without having the time to actually compare it note for</b> 19 <b>note ...</b> 20 Q. You could have a look -- you have got both documents 21 side by side, haven't you? 22 <b>A. Yes, so would you want me to refer to my officer's</b> 23 <b>notebook or the officer's report?</b> 24 Q. As I understood what you were saying, your notebook is 25 the definitive account from which the report was</p> <p style="text-align: center;">Page 39</p>
<p>1 conversation is being recorded in similar terms. 2 So, first of all: 3 "Of course he was under stress. Everybody knows the 4 political situation in Russia. Everybody is working is 5 under stress. He was always creating his own thing so 6 he was under more stress than anyone can imagine, being 7 in charge, seeing over everything." 8 There she is talking about politics in Russia -- 9 a well known issue -- and she is also talking about his 10 work pressures, it seems? 11 <b>A. His business.</b> 12 Q. Do you remember that now? 13 <b>A. By looking at these, yes, I can recall it. Yes.</b> 14 Q. Just to clarify, in terms of your memory, I don't want 15 to sort of push you into trying to remember things that 16 you cannot remember now. Could you clarify if you 17 cannot remember it now but, looking at this, you can 18 understand what you were trying to say? 19 <b>A. Yes, it is by looking at this I can understand it,</b> 20 <b>rather than trying to remember something over four and</b> 21 <b>a half years ago.</b> 22 Q. Your colleague, Kay Button, asks the question: 23 "Do you know anyone who might want to hurt or harm 24 him." 25 Do you see that?</p> <p style="text-align: center;">Page 38</p>	<p>1 created? 2 <b>A. That's correct.</b> 3 Q. So one would expect I think that the notes to be more 4 comprehensive? 5 <b>A. More accurate as in --</b> 6 Q. Full? 7 <b>A. Yes.</b> 8 Q. If you look, first of all, what he is saying about her 9 being worried about things but in fact Mr Perepilichny 10 not, do you remember that and have you recorded it? 11 That doesn't appear in the same section of your 12 notes, does it? 13 <b>A. No. I've got it in note form in terms of:</b> 14 <b>"Together more than 20 years. Had numerous</b> 15 <b>discussions. Concerned about finding address</b> 16 <b>spring/summer because of police record."</b> 17 <b>And I don't know if that correlates?</b> 18 <b>Could I just say though --</b> 19 THE CORONER: There is a bit on the next page. 20 <b>A. Of my notebook?</b> 21 THE CORONER: No, of the meeting note, as it were, where 22 I think some of those things are -- do you see the 23 second paragraph down? The reference to 20 years and so 24 on. 25 <b>A. Yes. There is. So prior to that.</b></p> <p style="text-align: center;">Page 40</p>

1 THE CORONER: Sorry, you just wanted to say something?  
 2 **A. Yes.**  
 3 **At the time of the meeting we were actually informed**  
 4 **that the secretary would be taking minutes and we**  
 5 **requested to have the minutes, so that -- I am not**  
 6 **a shorthand taker -- so that we could ensure the**  
 7 **investigation team had all the information in case Kay**  
 8 **or I couldn't remember something or missed something.**  
 9 **I have only come to see this some four and a half years**  
 10 **later.**  
 11 MR SKELTON: Yes.  
 12 **A. So it would have helped to have it at the time because**  
 13 **then, between us, the FLOs, we would be able to remember**  
 14 **if this is true, because I haven't seen the original**  
 15 **notes, these are just notes made from, or typed notes**  
 16 **made from the notes the secretary took.**  
 17 Q. Was the secretary writing things down or was she typing?  
 18 Because this could be a perfected version of what was  
 19 being typed or it could be --  
 20 **A. I can't recall whether she was typing or --**  
 21 Q. The key question, really, I don't want to put you under  
 22 too much difficulties, and I do appreciate you are  
 23 struggling to recollect things that were quite some time  
 24 ago, but the key question really is, if there is  
 25 something written down here in the attendance note that

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1 Ghersons have produced that isn't in your notebook, are  
 2 you content to accept that as being something that was  
 3 said or are you unable to express a view on it?  
 4 **A. I am unable at this stage to express a view on that.**  
 5 Q. Jogging your memory, can you remember whether or not,  
 6 for example, it was said that it was Mrs Perepilichnaya  
 7 who was concerned about the address being on the police  
 8 computer and therefore asked Mr Gherson -- and therefore  
 9 Mr Perepilichnyy, because of her concerns, asked  
 10 Mr Gherson to tell the police about that, do you  
 11 remember that?  
 12 **A. I don't. I am sorry. I don't know if it was her**  
 13 **expressing it or via the solicitors it was being**  
 14 **expressed, but I do remember there was a concern about**  
 15 **the address being on the police system.**  
 16 Q. And that has arisen some time previously to the year  
 17 before Mr Perepilichnyy died?  
 18 **A. Yes, not during the course of the death or the**  
 19 **investigation but previously, yes.**  
 20 Q. Thank you.  
 21 Just sticking for a moment with the issue of whoever  
 22 was threatening Mr Perepilichnyy, can you remember any  
 23 more beyond what you have noted when you were looking at  
 24 the information you recorded in this note?  
 25 **A. No. Other than what has been recorded, I can't.**

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1 Q. Okay, thank you.  
 2 So far as Mr Gherson was concerned, at the end of  
 3 the meeting, it appears that he spoke to you, you and  
 4 your colleague, about his own knowledge of  
 5 Mr Perepilichnyy and issues of safety.  
 6 **A. Yes.**  
 7 Q. Do you remember that?  
 8 **A. Yes, because we have got that recorded.**  
 9 Q. You have, and you have got it in your report on  
 10 page 229, which is the last page of the report.  
 11 So in your report you record in the second paragraph  
 12 on page 229 that Mr Gherson was "shocked and suspicious"  
 13 to such an extent that it prompted him to contact Surrey  
 14 Police.  
 15 Would "suspicious" be the word that he used?  
 16 **A. I don't know. It could be how we have interpreted it or**  
 17 **I don't know what is in their notes.**  
 18 Q. Well, if you look on their notes, you can see on  
 19 page 12, which is the back, the short note of the last  
 20 bit of the meeting, where Mr Gherson is recording as  
 21 saying:  
 22 "So I called the police on Friday night. He said it  
 23 is not for us, speak to the coroner. I said identify me  
 24 and call me back. He didn't. On Monday I called the  
 25 coroner. We got the consent letter and I told the

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1 Magnitsky story and the possible connection. I said 'Do  
 2 all the additional tests.'  
 3 Again, I don't want to put you in a position where  
 4 you are forced to accept things you simply cannot  
 5 remember. Can you remember any of that at all?  
 6 **A. Unless it is recorded in -- I can't remember it now but,**  
 7 **unless it is recorded in my officer's notebook or in our**  
 8 **officer's report, again, I can't comment.**  
 9 Q. If you look on the last page at 229, you can see what  
 10 you have reported in your report. Where it says in the  
 11 second paragraph, I think you are talking about  
 12 Mr Gherson:  
 13 "He appeared very pro police and expressed his own  
 14 concerns about Alexander's connection to the Magnitsky  
 15 case. Roger believes that Tatiana had scant knowledge  
 16 of this. He was also positive of there being a time  
 17 when we as FLOs would be able to meet Tatiana on her  
 18 own, as we explained it was very unusual for us to be  
 19 making contact via them. Roger only became aware of  
 20 Alexander's death on the Friday after he died when Roger  
 21 made phone contact and was informed by Tatiana. He was  
 22 shocked and suspicious to such an extent that it  
 23 prompted him to contact Surrey Police."  
 24 **A. So he may not have used the word "suspicious" but that**  
 25 **is how we interpreted what he was saying to us.**

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<p>1 Q. Did he mention Litvinenko at all? You haven't noted it 2 there, I don't think -- the Litvinenko death which was 3 obviously a gravely suspicious death that had occurred? 4 <b>A. I can't remember, and in terms of what we noted, I would 5 have tried to note as much as I could and the purpose 6 would have been so we could pass on all the information 7 possible to the investigation team so that they could 8 make their further inquiries based on the information we 9 passed, and one of them would have been, even if we 10 omitted to note something, or it isn't the same as 11 theirs, they would have had the opportunity to speak to 12 Mr Gherson, the investigation team, and things be 13 clarified with him.</b> 14 Q. If you go back to the Gherson note, just to see how the 15 conversation concluded, as recorded by Ghersons, it 16 says -- Roger Gherson is recorded as saying: 17 "In the back of my mind I knew it was the right 18 thing to do when it came to making contact with the 19 authorities, it seems." 20 The last page is page 12. The Gherson note. Then 21 Mr Gherson is recorded as saying: 22 "She was sheltered for a long time and suddenly she 23 is having to try and keep her head above water. She is 24 focused on Tuesday, and having to deal with that, with 25 whoever arriving from all over."</p> <p style="text-align: center;">Page 45</p>	<p>1 <b>A. We were aware.</b> 2 Q. You were aware of it. 3 So the question is, how aware is she? Roger Gherson 4 says: 5 "I don't know. She said she didn't know what he was 6 talking about." 7 Then this is you: 8 "She mentioned all she knows is about food business 9 and then she was saying of course he is under pressure." 10 Then Mr Gherson says, "Any Russian wife will say her 11 husband is under pressure. I don't know." 12 So there does appear to be some sort of confusion 13 about exactly what pressure it is that he is meant to be 14 under and also whether or not it is a commonplace thing 15 to happen to Russian men, possibly even Russian 16 businessmen? 17 <b>A. Well, exactly because this was only the first meeting, 18 so the context of what we were told we were hoping would 19 be clarified at later stages with Mrs Tatiana and the 20 solicitors. So the context isn't clear at this stage.</b> 21 Q. Thank you. 22 So the issue of the overheard conversation, dealt 23 with. The issue of the address being known on the 24 police system, you were aware of, but can you recall any 25 discussion about who was really concerned about it,</p> <p style="text-align: center;">Page 47</p>
<p>1 I think that is referring to the funeral 2 arrangements: 3 "She is Just focused on that. The minute they 4 called and said they might need to delay Tuesday, it 5 flicked a switch." 6 So he is recording Mrs Perepilichnaya as 7 understandably being distressed by the potential for the 8 delay in her husband's funeral? 9 <b>A. And, actually, I can recall she did display that 10 distress at the time at the meeting.</b> 11 Q. Yes, because the investigations into the death was 12 causing difficulties for the release of the body and so 13 on. 14 <b>A. That's correct.</b> 15 Q. Then your colleague asks: 16 "How aware is she of any connections with 17 Magnitsky?" 18 Did you know what the Magnitsky issue was at this 19 stage? 20 <b>A. Yes, we would have known probably from the briefing we 21 had prior to this, but yes.</b> 22 Q. Yes, because by this stage letters had come in from two 23 sets of solicitors and indeed Mr Gherson himself had 24 made contact previously, so the Hermitage issue, if 25 I may --</p> <p style="text-align: center;">Page 46</p>	<p>1 Mrs Perepilichnaya or Mr Perepilichnyy? 2 <b>A. I think probably both, because she would have raised it 3 with -- oh, sorry.</b> 4 Q. Don't speculate. 5 <b>A. I confused Mr Perepilichnyy with Mr Gherson, sorry.</b> 6 Q. Don't speculate, if you don't recall. 7 <b>A. No. If it is in my notes, then it is as it is in my 8 notes.</b> 9 Q. What about concern about her address being known now, as 10 it were, at the time that you are seeing her, 11 Mrs Perepilichnaya has said that she was effectively 12 getting a lot of problems with the media contact ever 13 since the story broke about her husband's alleged 14 connection with the Magnitsky issue, or the Hermitage 15 issue, but actually this caused a furor for her and her 16 family at a time when they were grieving. Do you 17 remember concern being expressed about that to you? 18 <b>A. Yes.</b> 19 Q. Is there any possibility that you have, as it were, 20 confused in your records concerns that predated his 21 death with concerns that postdated his death? 22 <b>A. I think the concern about the police record would have 23 been predated to his death but not raised until after 24 the death and media speculation, so -- and the concern 25 about her address being known, I understood it as the</b></p> <p style="text-align: center;">Page 48</p>

<p>1 <b>exposure to media because of the media interest at the</b>  2 <b>time.</b>  3 Q. Thank you.  4 The third thing that was mentioned in this initial  5 meeting was a voicemail message that was received after  6 he died, or she had found on his phone. Do you remember  7 that?  8 <b>A. Yes.</b>  9 Q. So you mentioned that in the second paragraph under  10 "Issues of safety". I think you came back to that the  11 next day, didn't you?  12 <b>A. That's correct.</b>  13 Q. Is that right? Can I take you to the note you deal with  14 that. So your report starts at page 230, which is  15 30 November, and then on page 232 you deal with, under  16 a heading "Messages on Alexander's phone", the message  17 itself.  18 <b>A. Hmm.</b>  19 Q. There you record that the message was received at 11.50  20 hours on Tuesday, 27 November, so two-plus weeks after  21 Mr Perepilichnyy died. It was from a male speaking in  22 Russian and Tatiana explained "The voice was polite and  23 translated as follows ..."  24 Did you actually hear the message itself? Was it  25 translated live to you on speakerphone or did she listen</p> <p style="text-align: center;">Page 49</p>	<p>1 of the message?  2 <b>A. I can't remember and it doesn't look like, after I have</b>  3 <b>recorded it, whether there was a discussion about the</b>  4 <b>nature of it.</b>  5 Q. So this is the limits of what you have recorded --  6 <b>A. Yes.</b>  7 Q. -- which you passed on to --  8 <b>A. The investigation team.</b>  9 Q. The SIO? So it was up to them to follow this up, as far  10 as you were concerned?  11 <b>A. Or to instruct us to follow it up.</b>  12 Q. Thank you.  13 If you cannot recall, please say, but can you recall  14 if Mrs Perepilichnaya expressed particular concern about  15 this message that she had received?  16 <b>A. I can't recall. Again, it would be a presumption, she</b>  17 <b>is telling us this because of a concern but whether she</b>  18 <b>expressed any particular concern, I can't recall.</b>  19 Q. What about the old SMS message which you have also  20 transcribed into your report there dated 22 June, which  21 says:  22 "Alexander, you will go to prison seriously for  23 long. I can do that. If you want to be free and live  24 happily, you have to pay 3,000 roubles. You only have  25 to make a decision and collect money at 14.00 hours</p> <p style="text-align: center;">Page 51</p>
<p>1 to it and translate it for you?  2 <b>A. I actually can't remember, unless it is recorded in my</b>  3 <b>pocket notebook, and if it is not recorded in my pocket</b>  4 <b>notebook it is a lesson for me to write in what context</b>  5 <b>I noted it.</b>  6 Q. Do you want to have another look for that?  7 <b>A. Yes, so that would be page ...</b>  8 Q. I think it is page 14, although on my copy -- 443 on the  9 handwritten notes. Do you have that?  10 <b>A. I've got that, and even by looking at this, I cannot</b>  11 <b>remember if it was played or whether -- I can only make</b>  12 <b>the presumption, actually, it must have been played for</b>  13 <b>her, Tatiana, to have translated it to us.</b>  14 Q. So she says the message, the person leaving the message,  15 sounds polite, and then she translates it for you -- and  16 it was her translating, was it, it wasn't anyone else?  17 <b>A. As far as I can recall, it was her.</b>  18 Q. "Alexander, unfortunately you didn't do what you  19 promised you would do. I anticipated this so  20 I instructed people a month ago."  21 That is something you have recorded verbatim there.  22 Do you remember that?  23 <b>A. Yes. I would have recorded it as I was being told.</b>  24 Q. Thank you.  25 What discussion did you then have about the nature</p> <p style="text-align: center;">Page 50</p>	<p>1 tomorrow. Send SMS to 89."  2 Again, can you remember what Mrs Perepilichnaya said  3 about this?  4 <b>A. No. Again, I have just recorded it. The context in</b>  5 <b>which it is recorded -- because I think I remember</b>  6 <b>saying last time giving evidence, I must have looked at</b>  7 <b>the phone to record the phone number as it is. Again,</b>  8 <b>I would just like to correct that or clarify that I only</b>  9 <b>made that presumption because Tatiana was generally</b>  10 <b>unhelpful and I presumed I would have looked at it to</b>  11 <b>record it, as opposed to it being read out, so ...</b>  12 Q. In your notebook on page 15, bundle reference 444, you  13 have also recorded the phrase "Don't do any quick moves,  14 we control everything."  15 <b>A. Yes.</b>  16 Q. Was that part of that message?  17 <b>A. Yes, I believe so, because it continues -- it is</b>  18 <b>continued on and I've got it in speech marks, unless</b>  19 <b>there were ...</b>  20 Q. In your notes you explain Tatiana said -- sorry, your  21 report, you say:  22 "Tatiana explained that roubles is the Russian  23 currency and is equivalent to £6,000, which is not  24 much."  25 <b>A. That's correct.</b></p> <p style="text-align: center;">Page 52</p>

1 Q. It is correct that you noted that. Do you remember her  
 2 saying that, and did she therefore say that it was not  
 3 a significant issue?  
 4 **A. Yes. That is what she was implying from how I have**  
 5 **noted it, yes.**  
 6 MR SKELTON: Thank you.  
 7 We had better have a short break for the sake of the  
 8 stenographer.  
 9 THE CORONER: Please don't talk to anybody about your  
 10 evidence in the break. Thank you.  
 11 (11.33 am)  
 12 (A short adjournment)  
 13 (11.54 am)  
 14 MR SKELTON: May I take you to a couple more of your  
 15 reports, please, first of all, on page 238.  
 16 The preceding one, 234, please, first?  
 17 **A. 234?**  
 18 Q. Yes, it is a report dated 6 December 2012, the number is  
 19 R3A.  
 20 Can I ask you about something that you have noted at  
 21 the bottom on page 235, please. This is about the use  
 22 of a second phone by Mrs Perepilichnaya, do you see that  
 23 at the bottom of 235?  
 24 **A. Yes: "Where she confirmed" --**  
 25 Q. "-- the second iPhone seized was", and then it is

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1 described as an iPhone, and then this paragraph:  
 2 "Tatiana confirmed she didn't know the number for  
 3 this as Alexander had only recently purchased it. She  
 4 dialled her own phone and try and obtain the number but  
 5 it came up as blocked. She was not clear about why she  
 6 had this second phone. At one point she alluded that  
 7 this could be because of the threats and she also stated  
 8 it was a contact number for his family in Russia."  
 9 What are the threats?  
 10 **A. Other than what is there, I can't comment because on**  
 11 **this day, in my notebook I would have made notes**  
 12 **concentrating on seizing the exhibits, Kay Button**  
 13 **actually made the original notes.**  
 14 Q. So you cannot -- you didn't, at the time, record any  
 15 detail about what these threats were?  
 16 **A. No.**  
 17 Q. And you cannot now recall anything about what the detail  
 18 was?  
 19 **A. No, and again, any detail about it we would have**  
 20 **revisited because we -- in usual circumstances with**  
 21 **families we would take a victimology detailing the life**  
 22 **of the deceased and that detail would come from the**  
 23 **family themselves.**  
 24 Q. Thank you?  
 25 **A. Not at that point, we were not there to take**

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1 **a victimology, so ...**  
 2 Q. Are you able to express a view on whether it is possible  
 3 that the reference to threats could be referring back to  
 4 information that you previously received, for example,  
 5 about the threatening or arguably threatening texts that  
 6 she had shown you previously?  
 7 THE CORONER: There is actually a reference to that further  
 8 up, isn't there? Do you see, under the other phone, do  
 9 you see: "Confirmed that this was the phone on which she  
 10 had the threatening typed message."  
 11 Do you see that? So, on this page, 235, have you  
 12 got that bit?  
 13 **A. 235?**  
 14 THE CORONER: Can you see that? So just before it says  
 15 "ST/03", and towards the bottom of the chunk about  
 16 ST/02?  
 17 **A. Yes.**  
 18 THE CORONER: Do you see: "Tatiana confirmed this was the  
 19 phone on which she had the threatening typed message  
 20 referred to in an earlier officer's report?"  
 21 **A. Yes.**  
 22 THE CORONER: And then talking about ST/03."  
 23 **A. Yes.**  
 24 THE CORONER: Do you see: "It was not clear why he had this  
 25 second phone. At one point alluded this could be

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1 because of the threats."  
 2 **A. "Because of the threats", yes.**  
 3 THE CORONER: I think you are just being asked about could  
 4 the threats refer back to something you had already been  
 5 told about?  
 6 **A. Potentially, yes.**  
 7 MR SKELTON: To be clear, you are not recording here that  
 8 Mrs Perepilichnaya said her husband said he was being  
 9 threatened and therefore they needed to use another  
 10 phone?  
 11 **A. No.**  
 12 Q. Can I ask you finally about the issue of the phones and  
 13 the family computer, or family computers.  
 14 You meet her again on 15 January,  
 15 Mrs Perepilichnaya, and you have a report at page 246  
 16 where we see that meeting being discussed. The start of  
 17 the note of your meeting is on page 247, you can see mid  
 18 way down, "Wednesday 16 January". Do you see that?  
 19 **A. Bear with me.**  
 20 Q. It is another contact visit with Mrs Perepilichnaya, the  
 21 note is dated 17 January on page 246, report number R2D,  
 22 and then overleaf you can see the date, "Wednesday  
 23 16 January 2013".  
 24 **A. Yes.**  
 25 Q. So that is the date of your meeting?

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1 **A. That is the date of the visit, yes.**  
 2 Q. And then you can see on the same page that you are  
 3 referring to handing back an exhibit, ST/02, which is  
 4 an iPhone handset?  
 5 **A. Yes.**  
 6 Q. And:  
 7 "Asking Tatiana if we could see the seize the  
 8 handset belonging to Alexander which Tatiana had put her  
 9 own SIM card into. She refused to allow us to seize the  
 10 phone stating she is using it and has it set up with her  
 11 things, so she is not prepared to be without it."  
 12 Then it says:  
 13 "Police are still in possession of a handset  
 14 belonging to Tatiana, despite the promise to return it."  
 15 **A. Yes.**  
 16 Q. Do you remember having that conversation with her now?  
 17 **A. Yes.**  
 18 Q. And is that, as you recall, the reason why she wouldn't  
 19 hand it back, is that it had become, effectively, her  
 20 own personal phone from that point?  
 21 **A. Because she was making personal use of it. It was**  
 22 **a really unusual set of circumstances, in terms of**  
 23 **normally we are welcomed into family homes and we don't**  
 24 **see the family with solicitors but with Tatiana, it was**  
 25 **very different in that she didn't appear to be concerned**

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1 **about getting to the truth of the cause of death.**  
 2 **She wanted to -- her concerns, the concerns she**  
 3 **raised initially were about proceeding with the funeral,**  
 4 **about press intrusion and having a full death**  
 5 **certificate because she was worried about being a single**  
 6 **mum and wanted to get on with her life with the**  
 7 **children.**  
 8 **Very different to my experience, where family**  
 9 **usually want to cooperate, provide all the information**  
 10 **they can in relation to their loved one or the deceased.**  
 11 **But it was very different with Tatiana, she didn't**  
 12 **appear to want to piece things together and wasn't**  
 13 **concerned about the cause of death.**  
 14 Q. Did she ever express concern to you that she suspected,  
 15 or was concerned that her husband had been murdered?  
 16 **A. No.**  
 17 Q. At any stage?  
 18 **A. No.**  
 19 THE CORONER: Maybe she thought there wasn't anything to  
 20 piece together.  
 21 **A. Yes, that could be --**  
 22 THE CORONER: -- and was concentrating on the other things.  
 23 **A. Yes, because initially the first two meetings at the**  
 24 **solicitor's firm, her main concern was Surrey Police had**  
 25 **her husband for two weeks, they had enough time to**

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1 **investigate, there isn't anything more to investigate.**  
 2 **She just wanted to get the funeral over and done with.**  
 3 MR SKELTON: Do you think there can also be an element of  
 4 her background coming into play here, in that she is not  
 5 a British national, she has come from Kyrgyzstan stand  
 6 and Russia, where faith in the prosecuting authorities,  
 7 the State authorities, such as the police, may be not  
 8 quite as it is here.  
 9 **A. As it would be here, yes, I would agree with that.**  
 10 THE CORONER: I think I am sure you would accept, I mean,  
 11 you will have seen plenty of examples, as I am sure have  
 12 we all, but these things take people in different ways,  
 13 don't they.  
 14 **A. Exactly. She was affected by grief and shock as well,**  
 15 **so ...**  
 16 THE CORONER: Yes.  
 17 MR SKELTON: Just the last issue I want to ask you about,  
 18 which is on the same page, the computer issue, you asked  
 19 her about whether or not there was another computer.  
 20 Had you been briefed to ask about that, on the basis  
 21 that it appeared that the existing computer that had  
 22 been tested may not be comprehensive in -- or didn't  
 23 contain the amount of expected information on business  
 24 dealings and the like and therefore there was  
 25 a suspicion, at least on the police's part, that it was

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1 possible there was another one?  
 2 **A. Yes, if we asked that, it would have been either because**  
 3 **of a brief -- yeah, more than likely because of**  
 4 **a briefing, in terms of -- and to clarify, there weren't**  
 5 **any other devices that were -- that could have helped**  
 6 **the investigation.**  
 7 Q. The answer we see recorded there is that:  
 8 "Mrs Perepilichnaya dismissed the suggestion of  
 9 another computer being in existence and said 'Alexander  
 10 doesn't do business in the UK, so why would he  
 11 communicate in English?'" , et cetera.  
 12 So was the clear message you received that there was  
 13 no other computer?  
 14 **A. That is what she was implying, yes.**  
 15 Q. And did you have cause to revisit that conclusion at any  
 16 stage with her?  
 17 **A. I can't remember if we did or not. Unless it is in my**  
 18 **notes, I can't remember.**  
 19 Q. Were you satisfied that she was giving you a true  
 20 account?  
 21 **A. I would like to think so, because generally we would**  
 22 **like to think the family are cooperating as much as they**  
 23 **can but it was very difficult to tell with her.**  
 24 MR SKELTON: Thank you.  
 25

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<p>1 Questions from MR FEAR-SEGAL                  2 MR FEAR-SEGAL: Good afternoon, officer.                  3 Picking up from where you left off with Mr Skelton                  4 about the question of co-operation. Could we start,                  5 please, with page 227.                  6 This is your note of the meeting on the 29th or the                  7 30th?                  8 <b>A. Okay.</b>                  9 Q. That is presumably when you typed up the report?                  10 <b>A. Yes.</b>                  11 Q. Rather than the date of the meeting.                  12 Do you see under the heading "Occupation" by the                  13 bottom hole-punch?                  14 <b>A. Yes.</b>                  15 Q. Two lines up from the bottom there is a sentence that                  16 starts:                  17 "She was not able to name any of Alexander's                  18 business associates."                  19 <b>A. Yes.</b>                  20 Q. The telephones that had been interrogated, and indeed                  21 the evidence from Mrs Perepilichnaya herself, that                  22 Mr Skelton listed, show that Mr Perepilichnyy worked                  23 very closely indeed with Mrs Perepilichnaya's own                  24 brother, someone called Rishat Ismagilov, that name was                  25 never mentioned to you presumably?</p> <p style="text-align: center;">Page 61</p>	<p>1 "Tatiana appeared to dismiss this, stating he would                  2 not do that but she then went on to say that Hermitage                  3 had promised they would not disclose Alexander's name."                  4 I think it is fair to say from that recording that                  5 you were unclear at that stage as to the precise extent                  6 of Tatiana's knowledge of Hermitage, prior to                  7 Alexander's death, that is why you recorded it in the                  8 terms you did?                  9 <b>A. It has been recorded as: "She would've told us."</b>                  10 Q. Sorry? I didn't quite catch that?                  11 <b>A. It has been recorded as: "She would've told us."</b>                  12 Q. "Tatiana appeared to dismiss this, stating she would not                  13 do that but she then went on to say that Hermitage had                  14 promised they would not disclose Alexander's name", and                  15 what I am suggesting to you is that it is unclear, it                  16 seems to me at least, what you are recording there is                  17 you are not clear whether Tatiana knew about Alexander's                  18 involvement with Hermitage prior to Alexander's death.                  19 On the one hand she is saying that it appeared that                  20 Alexander had approached them and she said that he                  21 wouldn't do this but she then says that Hermitage had                  22 promised they wouldn't disclose Alexander's name, which                  23 suggests that she did know about Alexander's approach?                  24 <b>A. Potentially, but only she would be able to clarify.</b>                  25 Q. Quite, but what I am suggesting to is you is what you</p> <p style="text-align: center;">Page 63</p>
<p>1 <b>A. It wasn't at, no, it wasn't -- if it is not there --</b>                  2 Q. No, because you would have noted it down, yes.                  3 Can we look, please, in what I think is bundle 5.3,                  4 but certainly it is at page 820 of the HOLMES documents?                  5 <b>A. What is the page, sorry?</b>                  6 Q. It is page 82,0 and I think it is in 5.3 but it may be                  7 in your -- sorry, I am told it is actually in                  8 bundle 5.2.                  9 <b>A. 820?</b>                  10 Q. Page 820, of the HOLMES documents, which I am told is                  11 bundle 5.2.                  12 (Pause)                  13 <b>A. I am nearly there, sorry. Okay.</b>                  14 Q. If you want to orientate yourself in the document, you                  15 see from the previous page, this is a report signed by                  16 you and Kay Button following a visit to Tatiana's                  17 address, in sort of late December.                  18 But on page 820, if we look at the second paragraph                  19 up from the bottom, and about halfway through it, there                  20 is a sentence that starts: "We explained ..." do you see                  21 that?                  22 <b>A. Yes.</b>                  23 Q. "We explained that Hermitage had been spoken with and it                  24 appears that it was Alexander who had approached them."                  25 Then you record that:</p> <p style="text-align: center;">Page 62</p>	<p>1 were not clear about is whether she knew or not?                  2 <b>A. Potentially not, because she was never clear with us</b>                  3 <b>about what she knew.</b>                  4 Q. Yes, quite.                  5 Can we look, please, now at page 9 of -- I am sorry,                  6 that is a wrong reference. At Mr Gherson's notes from                  7 your meeting on the 29th, which I think are in a loose                  8 clip?                  9 <b>A. Which bundle am I -- oh those? Sorry.</b>                  10 Q. If we look at the internal page of those, which is                  11 number 12.                  12 <b>A. Okay.</b>                  13 Q. This is of course after Tatiana's left the meeting but                  14 it is a discussion between you and Mr Gherson and                  15 Kay Button about whether Mrs Perepilichnaya was aware of                  16 Alexander's connections with Hermitage prior to                  17 Alexander's death.                  18 This doesn't feature, in your knowledge, I don't                  19 think but we see there that Mr Gherson has recorded that                  20 he was not clear either whether Tatiana knew about                  21 Alexander's connection with Hermitage.                  22 Do you see it says:                  23 "RMG: I don't know, she said she didn't know what                  24 he was talking about", in answer to the question from                  25 Kay Button of how aware is she of any connections,</p> <p style="text-align: center;">Page 64</p>



<p>1 magnets. Do you see that?</p> <p>2 Does that accord with your recollection of the</p> <p>3 meeting, or can you not really say, that there was</p> <p>4 unclarity of the question of whether Mrs Perepilichnaya</p> <p>5 knew about Alexander's connections with Hermitage prior</p> <p>6 to Alexander's death?</p> <p>7 <b>A. Generally there was unclarity because it was unclarity</b></p> <p>8 <b>from her, herself.</b></p> <p>9 Q. Yes.</p> <p>10 Whilst we have, you have these notes in front of</p> <p>11 you, can we look at page 9 of them, right at the top of</p> <p>12 that page?</p> <p>13 <b>A. Page nine?</b></p> <p>14 Q. Internal page nine, of this note of November?</p> <p>15 <b>A. Okay.</b></p> <p>16 Q. If we look over on the previous page, what we are</p> <p>17 talking about here, what is being spoken about is the</p> <p>18 fact that there may have been some concern that Mr</p> <p>19 Perepilichny's name and address on the police computer</p> <p>20 could be accessed from Russia?</p> <p>21 <b>A. Okay.</b></p> <p>22 Q. If we look at the top of page 9, Roger Gherson says:</p> <p>23 "I did report this, I do not have to repeat it all.</p> <p>24 When this happened, he asked me to speak to the police."</p> <p>25 <b>A. Hmm.</b></p> <p style="text-align: center;">Page 65</p>	<p>1 <b>However, again, it would have been left to the</b></p> <p>2 <b>investigation team to chase it further or speak to</b></p> <p>3 <b>Mr Gherson themselves.</b></p> <p>4 Q. Yes, and I think you have told us, as all of us here</p> <p>5 have only seen this note quite recently?</p> <p>6 <b>A. Hmm.</b></p> <p>7 Q. But you were aware that it was going to be checked,</p> <p>8 I think you said that you were not clear or you cannot</p> <p>9 remember whether it was being written manuscript and</p> <p>10 then was then going to be typed up later or whether this</p> <p>11 was typed at the time.</p> <p>12 What we do know is that this may be something that</p> <p>13 was checked at some later date and is -- may therefore</p> <p>14 not be as contemporaneous as your recorded report to</p> <p>15 your senior officer?</p> <p>16 <b>A. Potentially, because we had not seen the original. We</b></p> <p>17 <b>had only seen the typed and checked version, so I can't</b></p> <p>18 <b>comment.</b></p> <p>19 Q. Quite?</p> <p>20 <b>A. Again, that solicitor's firm would be able to comment on</b></p> <p>21 <b>that.</b></p> <p>22 Q. Is it fair to say that if there is a conflict between</p> <p>23 what is recorded in your report and in these typed notes</p> <p>24 which you have only seen very recently, you would prefer</p> <p>25 your contemporaneous notebook and your near</p> <p style="text-align: center;">Page 67</p>
<p>1 Q. That seems to me that it is Alexander asking Mr Gherson</p> <p>2 to speak to the police about Mr Perepilichny's name and</p> <p>3 address, or at least Mrs Perepilichnaya's name and</p> <p>4 address being on the police computer?</p> <p>5 <b>A. Potentially.</b></p> <p>6 Q. Can you give us any comment on that, do you have any</p> <p>7 recollection about that?</p> <p>8 <b>A. No, but the only person that would be able to would be</b></p> <p>9 <b>Mr Gherson and whether he was seen by the investigation</b></p> <p>10 <b>team and that was clarified, I don't know.</b></p> <p>11 Q. Yes. Can we speak briefly about the status of these</p> <p>12 notes. I think you record at page 226, which is your</p> <p>13 R2, the report you typed in relation to the 29 November</p> <p>14 meeting which is in the witness bundle at page 226.</p> <p>15 I don't know if it is helpful for you turn it up?</p> <p>16 <b>A. Thank you.</b></p> <p>17 Q. But you may remember you have written there:</p> <p>18 "It was agreed that these notes would be emailed in</p> <p>19 due course after checking."</p> <p>20 <b>A. Yes.</b></p> <p>21 Q. Yes.</p> <p>22 You didn't, I think, receive them at the time you</p> <p>23 were you writing your report in the way you expected to?</p> <p>24 <b>A. No, and I believe it was chased and we still hadn't</b></p> <p>25 <b>received them.</b></p> <p style="text-align: center;">Page 66</p>	<p>1 contemporaneous report to your recorded officer as your</p> <p>2 evidence as what happened at that meeting?</p> <p>3 <b>A. Well, yes, because I can't comment now, four and a half</b></p> <p>4 <b>years later, and in fact I was quite relieved there was</b></p> <p>5 <b>somebody else making notes in case we missed something,</b></p> <p>6 <b>so.</b></p> <p>7 Q. Right, sure. But in terms of your evidence today, if we</p> <p>8 look at page 229, your contemporaneous record and report</p> <p>9 to your investigating officer made, we know, very</p> <p>10 shortly after the meeting, in fact, the following day,</p> <p>11 records at the end of that second paragraph that you</p> <p>12 considered that Roger Gherson was shocked and suspicious</p> <p>13 of the fact of Mr Perepilichny's death, that it</p> <p>14 prompted him to contact Surrey Police?</p> <p>15 <b>A. Yes, that is what we have got recorded. That is how we</b></p> <p>16 <b>would have recollected it together, Kay and I, yes.</b></p> <p>17 Q. Yes, and you wouldn't have written that the day after</p> <p>18 the meeting if you didn't have a clear recollection of</p> <p>19 that?</p> <p>20 <b>A. Unlikely, we would have written from my I M B, the</b></p> <p>21 <b>prompts, and from what we record together.</b></p> <p>22 Q. That covers when there is sort of conflict between the</p> <p>23 two notes. There is one matter which is raised in the</p> <p>24 notes and is not raised in your report and I would like</p> <p>25 to you comment on it, if you can remember.</p> <p style="text-align: center;">Page 68</p>

<p>1        Could you go back to the, I think it is probably in 2        the loose clip of the Gherson notes and look at page 9 3        for me, please. 4        There is a discussion between the two hole-punches, 5        essentially of the extent to which Mrs Perepilichnaya 6        might have felt under threat and she explains that 7        Alexander didn't like her to meet people. 8        Just above the second hole-punch, Kay Button says: 9        "I want to ask Tatiana [or at least it is recorded]: 10       'Are you concerned for your safety at the moment?'" 11       And Mr Gherson, who has been speaking somewhat on 12       her behalf so far in the meeting, says: 13       "You have to say how you feel, I can't say it." 14       And Mrs Perepilichnaya is recorded as saying: 15       "I am scared, I have never been more scared than 16       I am now. I don't know, I can't think now." 17       I read that as suggesting that she was scared and 18       had never been more scared. Is that, from the best of 19       your recollection, the tone of those sorts of 20       interactions, because they are recorded in your notes 21       very properly but in terms of the factual statements 22       that Mrs Perepilichnaya relayed, rather than as opposed 23       to her sort of feelings at the time, is that something 24       you remember? 25       <b>A. Sorry, how have I recorded it in my -- can I look at</b></p> <p style="text-align: center;">Page 69</p>	<p>1        a friend, do you understand what I am asking? 2        <b>A. Waiting outside in the car, and right at the beginning</b> 3        <b>of the meeting she did --</b> 4        Q. You told us I remember? 5        <b>A. Yeah, she had made it clear we had to be quick and was</b> 6        <b>keen to go to her daughter who was waiting outside in</b> 7        <b>the car.</b> 8        Q. Do you know whether there was anybody with her or not? 9        <b>A. Potentially the driver, because Mrs Perepilichnaya was</b> 10       <b>driven.</b> 11       THE CORONER: Okay, all right. Thank you very much. 12       MR FEAR-SEGAL: Page 247, please. 13       <b>A. Okay.</b> 14       Q. The second paragraph from the bottom, starts: 15       "She confirmed that Alexander only had use of one 16       computer and it was the one we have already examined. 17       We explained to Tatiana: 'There does not appear to be 18       any business correspondence on the computer.' 19       Now, I don't think you were here, officer, but 20       Mr Pollard has told us actually there was some business 21       correspondence on the computer, albeit the insurers 22       don't think they have yet seen it. Who was it told you 23       that there was no business correspondence on that 24       computer, do you remember? 25       <b>A. No, we would have been briefed about it but I couldn't</b></p> <p style="text-align: center;">Page 71</p>
<p>1        <b>my --</b> 2        Q. -- well, in your notes, you record under the question of 3        "Issues of Safety", at page 228, the phone conversation 4        that she overheard and the voicemail? 5        <b>A. Yes.</b> 6        Q. And I was wondering, because this is more of a record of 7        the tenor of the meeting, I suppose, whether that note 8        is correct in recording that Mrs Perepilichnaya's 9        demeanour and what she said, in fact, was that she was 10       scared and had never been more scared than she was now. 11       Do you remember that, and if not, please say? 12       <b>A. I don't remember it, no.</b> 13       Q. No. 14       Can we look now, please, in the witness bundle at 15       page 247. It is a document that Mr Skelton took you to 16       a few moments ago? 17       THE CORONER: Can you just help with this. Your notes, so 18       228, says that: "She became increasingly anxious to 19       leave throughout the meeting", and so on, yes? And then 20       at the end stood up and said she was going and was going 21       to get her daughter? 22       <b>A. Yes.</b> 23       THE CORONER: Yes, and I don't want a, do you understand, 24       a precise -- I just want a generic. Where was her 25       daughter, do you understand, was she at a school, with</p> <p style="text-align: center;">Page 70</p>	<p>1        <b>tell you who now would have told us.</b> 2        Q. Because it was not you that looked at the computer, 3        obviously, although -- 4        <b>A. -- no, we didn't, as FLOs, we didn't examine the</b> 5        <b>computer, no.</b> 6        Q. No. 7        Finally, can we look, please, in bundle 5.2 this 8        time. I think -- at least, I hope it is 5.2 and not 9        5.1. This is your notebook we have looked at already 10       and it is your record of the meeting on the 29th. 11       If you look at page 444, please? 12       <b>A. Okay.</b> 13       Q. Can we look at the second paragraph up from the bottom? 14       It says there: 15       "Senior officer's meeting, if we were going to find 16       something, we would have found it by now. Don't act as 17       if we are doing her a favour." 18       <b>A. Hmm.</b> 19       Q. Can you place that comment for us, or tell us what that 20       means? 21       <b>A. Yes, it was in relation to, because I think it is</b> 22       <b>clarified in the officer's report, and more senior</b> 23       <b>officers actually wanting to meet with her and normally,</b> 24       <b>again, with families they are quite open to meeting</b> 25       <b>senior officers, but she was dismissing this.</b></p> <p style="text-align: center;">Page 72</p>

<p>1 Again, the reference is, we had two weeks for the                  2 investigation prior to the funeral: "Don't act as if                  3 ..." and yes, that was her comment in relation to that,                  4 she wasn't willing or did not want to feel as if favours                  5 were being done by meeting with senior officers.                  6 <b>MR FEAR-SEGAL: I understand that, thank you very much.</b>                  7 <b>Questions from MS HILL</b>                  8 MS HILL: Thank you, sir.                  9 Can I ask you please to be given volume 2, the                  10 police bundle, volume 2.                  11 <b>A. Yes.</b>                  12 Q. And to turn up, please, page 235.                  13 MS BARTON: Sir, I think that is 5.2, the witness has got,                  14 rather than volume 2.                  15 MS HILL: It is just volume 2, the original insurer's                  16 volume 2, please.                  17 THE CORONER: Page again?                  18 MS HILL: I think it is 235, sir.                  19 I am afraid I can't see the numbered copying very                  20 well, but I think it is 235. I am just checking that.                  21 THE CORONER: I don't think --                  22 <b>A. This one starts at 355.</b>                  23 THE CORONER: Yes, it is not going to be in that bundle.                  24 MS HILL: It might be volume 1 in that case. Sorry, I am                  25 getting completely confused. It is volume 5.1, you were</p> <p style="text-align: center;">Page 73</p>	<p>1 THE CORONER: It certainly is.                  2 MS HILL: So you do have D125 in front of you?                  3 <b>A. Yes.</b>                  4 Q. Sorry about that.                  5 This is a document, officer, I think that sets up                  6 the role of the family liaison officers in this                  7 investigation, so it may be a document that you have                  8 seen but it is about your role in the investigation, do                  9 you understand?                  10 <b>A. Yes.</b>                  11 Q. And what this sets out is the fact that FLOs are                  12 considered an important part of the investigation. That                  13 is right, isn't it?                  14 <b>A. Yes.</b>                  15 Q. It was clear I think that your role, if you just                  16 continue to scroll through the document, was set out                  17 under a heading of "Objectives" that is in the bottom                  18 page 2 of 6 -- if you use that numbering, that might be                  19 better.                  20 THE CORONER: Got that? You are going on to 208 at the                  21 bottom.                  22 MS HILL: Just continue on through the bundle.                  23 <b>A. Yes.</b>                  24 Q. You will see a related document that sets out the                  25 strategy in further detail, and can you see the page 2</p> <p style="text-align: center;">Page 75</p>
<p>1 right in the first place. It is in the HOLMES material,                  2 it is volume 5.1, and it is a document we have been to                  3 before.                  4 Do you have a document that is D125 in the top                  5 right?                  6 <b>A. 23 --</b>                  7 Q. If you check 235, do you have a document that is D125 in                  8 the top right?                  9 <b>A. Yes. D125, yes.</b>                  10 Q. 205 sorry, the copying is not terribly clear. We will                  11 get there eventually, D125 is the number in the top                  12 right but it is 205 I think in the bottom. Do you have                  13 that?                  14 <b>A. I've got D125 at the top and it is page 265.</b>                  15 Q. That's correct -- your copying is better than mine.                  16 Page 265, sir, do you have that?                  17 THE CORONER: It is actually 205, but it is only for the                  18 note.                  19 MS HILL: As long as we have D125 in the top right, we are                  20 correct.                  21 THE CORONER: It is just when we are looking back at the                  22 transcript. It looks a bit like that but I think it is                  23 a zero.                  24 MS HILL: It is a zero -- we see on the index it is a zero.                  25 <b>A. Is it dated 28/11?</b></p> <p style="text-align: center;">Page 74</p>	<p>1 of 6, the heading "Objectives"?                  2 <b>A. Yes.</b>                  3 Q. Is this right, that if you look at the following page,                  4 the third bullet point, part of your objective was to                  5 determine whether the family had received any threats?                  6 <b>A. Yes.</b>                  7 Q. Also, in particular, Alexander Perepilichny, whether he                  8 had received any threats?                  9 <b>A. Yes.</b>                  10 Q. Or whether his routines and behaviour had changed in the                  11 lead up to his death?                  12 <b>A. Yes.</b>                  13 Q. You were also of course to keep under review whether the                  14 family had received any threats since his death, is that                  15 right?                  16 <b>A. Yes.</b>                  17 Q. But is it right to summarise the fact that all of your                  18 objectives, as set out here, were focused not only on                  19 support of the family, but also on gathering evidence                  20 about any threats and various other matters?                  21 <b>A. Gathering as much information as we can to pass on to</b>                  22 <b>the investigation team, yes.</b>                  23 Q. But in case there is any doubt about this, your role is                  24 not entirely one about supporting the family, if you                  25 like, it is also about if you like gathering evidence,</p> <p style="text-align: center;">Page 76</p>

<p>1 isn't it?</p> <p>2 <b>A. We are the link between the investigation team and the</b></p> <p>3 <b>family, yes.</b></p> <p>4 Q. And it was clear, if you go over the page, please, to</p> <p>5 page 4 of 6, that there was a requirement under the</p> <p>6 fourth bullet point that best practice was that there</p> <p>7 will always be two FLOs present at any meeting?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. Was that partly to ensure that there was accuracy about</p> <p>10 what happened, partly so that each of you had another</p> <p>11 officer there to help record what had happened?</p> <p>12 <b>A. Generally it is because our deployments are quite</b></p> <p>13 <b>intense and over a long period of time to ensure there</b></p> <p>14 <b>is always one point of contact if one or the other is</b></p> <p>15 <b>not available and so, yes, it is just because of the</b></p> <p>16 <b>intensity of the deployment and over a long period of</b></p> <p>17 <b>time.</b></p> <p>18 Q. I see.</p> <p>19 But I think, is this right, that you have described</p> <p>20 a process where, if two of you were present at a meeting</p> <p>21 they would each take notes and then you would agree your</p> <p>22 report based on what both of you had recollected of the</p> <p>23 meeting, is that right?</p> <p>24 <b>A. Generally, it would be one of us taking more detailed</b></p> <p>25 <b>notes, the other may take some notes and then</b></p> <p style="text-align: center;">Page 77</p>	<p>1 Q. When you recorded the detail of various things under the</p> <p>2 heading "Issues of safety", this typed report was</p> <p>3 therefore on the basis of a quite careful process of</p> <p>4 taking notes and you and your colleague making sure you</p> <p>5 were both happy with this written record, is that right?</p> <p>6 <b>A. It would have been, yes.</b></p> <p>7 Q. The same must be true, must it, of the detail on</p> <p>8 page 232, if you go over to that page, please, where you</p> <p>9 had recorded the information about the messages that had</p> <p>10 been conveyed to you about the voicemail message and the</p> <p>11 text message that include what appear to be threats of</p> <p>12 some sort, do you see that?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. Just a couple of points of detail, if I may, because you</p> <p>15 have been taken through them quite thoroughly already</p> <p>16 but just go back, please, to 228. You recorded there</p> <p>17 several different instances under the heading "Issues of</p> <p>18 safety", didn't you, there were several different parts</p> <p>19 of those issues?</p> <p>20 <b>A. Okay, yes.</b></p> <p>21 Q. In relation to the first one, you have recorded that the</p> <p>22 pressure that was being referred to in the telephone</p> <p>23 call that Mr Perepilichnyy's widow had overheard was</p> <p>24 pressure being put on him that people knew where they</p> <p>25 were living in Surrey, is that right?</p> <p style="text-align: center;">Page 79</p>
<p>1 <b>collectively we would write an officer's report based on</b></p> <p>2 <b>the notes.</b></p> <p>3 Q. The objectives and the documentation here about the</p> <p>4 strategy make clear that making notes was part of your</p> <p>5 function, wasn't it?</p> <p>6 <b>A. Yes, it is.</b></p> <p>7 Q. You understood that the notes that you made would feed</p> <p>8 directly into the investigation process?</p> <p>9 <b>A. Yes.</b></p> <p>10 Q. Is this right, you have been taken to some of these</p> <p>11 documents, that there was a process by which you made</p> <p>12 notes by handing in your notebooks and then a typed</p> <p>13 report was created as a result of your notes?</p> <p>14 <b>A. Using the notebook as a prompt, yes.</b></p> <p>15 Q. So it is be fair to say, is it -- and I hope I am going</p> <p>16 to get this page right, I think it is page 228 of the</p> <p>17 hearing bundle.</p> <p>18 <b>A. Is that the same folder?</b></p> <p>19 Q. No, that is the one you were taken to that is your own</p> <p>20 evidence that you were taken to by Mr Skelton. The</p> <p>21 hearing bundle, I think, page 228.</p> <p>22 <b>A. The hearing bundle, page 228?</b></p> <p>23 Q. 228. You should have there page 3 of your note dated</p> <p>24 30 November 2012?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: center;">Page 78</p>	<p>1 <b>A. That is how it is recorded, yes.</b></p> <p>2 Q. In relation to the second issue, where there were</p> <p>3 concerns about the identification of the address being</p> <p>4 possible from the Police National Computer, you have</p> <p>5 noted there that it was people in Russia that there was</p> <p>6 a particular concern about, haven't you?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. For the learned coroner's note, that note about people</p> <p>9 in Russia having access to the Metropolitan Police</p> <p>10 computer is also at page 436 of the volume 5.1, which is</p> <p>11 your original handwritten note of that element?</p> <p>12 <b>A. Okay.</b></p> <p>13 Q. So that is something you have recorded in your notes and</p> <p>14 then in the typed report?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. You have recorded in relation to this particular issue</p> <p>17 about the Police National Computer that this concern</p> <p>18 appeared to be something that was described by</p> <p>19 Mrs Perepilichnaya but that Alexander and her had had</p> <p>20 numerous discussions as he was concerned about their</p> <p>21 address?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. Is that right?</p> <p>24 <b>A. That is -- if that is how it is recorded, that is what</b></p> <p>25 <b>we were told.</b></p> <p style="text-align: center;">Page 80</p>

<p>1 Q. Could you then turn up, please, the note of Ghersons, 2 that Ghersons had prepared of the meeting, which I think 3 you may just have loose on the desk. Is that right? 4 Could you go, please, towards the end of that note 5 at the bottom of page 8, and I appreciate that you are 6 doing the best you can having now looked at this note 7 I think quite recently, but at the foot of page 8, has, 8 "as the Ghersons note also recorded, that the concern 9 about that first instance was someone is trying to put 10 pressure on him, not a third person or third party." 11 Do you see about five lines up, there is 12 a discussion about the overheard call, he was talking to 13 someone in Russia, somebody is trying to pressure him, 14 not somebody else? 15 <b>A. That is what is written here, yes.</b> 16 Q. On the second issue about the Police National Computer, 17 is this right, that at the foot of page 8 there is 18 record made in relation to both issues, actually, it is 19 not clear, that what is said is this, that he was 20 saying, that is Alexander was saying "It is so easy to 21 find out the address" is. That right? 22 <b>A. That is what is typed here, yes.</b> 23 Q. Then over the page the specific reference to the Police 24 National Computer issue, and it says this, that although 25 she was concerned, Mrs, that people in Russia had access</p> <p style="text-align: center;">Page 81</p>	<p>1 perhaps put this to you. I will just read it out: 2 "Tatiana stated that she had put her SIM card into 3 Alexander's handset. She was having problems with hers 4 but after vacuuming hers she replaced her SIM card back 5 into her handset." 6 Do you remember her telling you that? 7 <b>A. If it is recorded in my notes, then she did tell it but 8 I can't sit here and say I can recall it.</b> 9 Q. I am just reading it out from the notes here. 10 <b>A. Yes.</b> 11 Q. But you have no independent recollection now of this 12 perhaps rather specific thing of vacuuming a phone or 13 a handset? 14 <b>A. No, I do not have a specific recollection now but 15 I wouldn't have recorded if it wasn't told to us.</b> 16 Q. And you don't appear to have recorded anything there 17 about her children being involved in changing the SIM 18 card around. It appears to be something to do with 19 vacuuming the phone. You are relying on your notes, are 20 you? 21 <b>A. Yes.</b> 22 Q. The notes record that Mrs Perepilichnaya had said to you 23 on more than one occasion, it seems, or at least on one 24 occasion, that although there had been this swapping of 25 the SIM, she had replaced the SIM card -- I am just</p> <p style="text-align: center;">Page 83</p>
<p>1 to the Met Police's file, they could get the address, 2 Mrs Perepilichnaya herself is recorded as saying this: 3 "He would say because you have done this it is easy 4 for anyone to find us through the police ways." 5 "He was concerned about that?" is the question that 6 Ms Button appears to have asked: 7 "Yes [said Mrs Perepilichnaya], he was really 8 protective of us and the children. He didn't really 9 like me to even meet people. He was really probably 10 just worried." 11 "When he said he was worried, did he say who?" 12 "He just said anyone who wants to can find out." 13 So does that Ghersons note also suggest that the 14 concern about the Police National Computer being 15 accessed by people from Russia was coming from 16 Mr Perepilichny as well as his wife? 17 <b>A. That is how it would appear, yes.</b> 18 Q. You have been asked quite a few questions about the 19 telephones, and I would just like to get a few points of 20 detail about that, if I may. 21 I don't need to necessarily ask you to turn it up 22 but, in your handwritten notes, there is a reference -- 23 if others wish to look for it, it is at page 469 of 24 volume 5 -- there is a discussion about the telephone 25 handset. You might just remember this so let me just</p> <p style="text-align: center;">Page 82</p>	<p>1 reading out again: 2 "She had replaced the SIM card back into her 3 handset." 4 And that was the information that you fed back into 5 the investigation, wasn't it? 6 <b>A. If that is what is recorded, that would have been fed 7 back, yes.</b> 8 Q. Did you later come to understand though that there were 9 concerns about gaps in the telephone evidence and about 10 what had happened as a result of this swapping of the 11 SIM, and so on? 12 <b>A. That would have come out in one of briefings.</b> 13 Q. There was also a concern, wasn't there, about whether 14 there was another computer. I think you have been asked 15 about that already. 16 <b>A. Yes.</b> 17 Q. Can I ask you to be given, please, volume 5.2, 18 page 994 -- forgive me, 995. 19 Is it volume 5.2 or volume 5.3? 20 THE CORONER: I think it will be 5.3. 21 MS HILL: Volume 5.3, so it is 995. I am afraid with my 22 double-sided copying I have been short of bundles, but 23 that is not helpful. 24 It should have D128 in the top right. 25 <b>A. Sorry, what was the page number?</b></p> <p style="text-align: center;">Page 84</p>

21 (Pages 81 to 84)

<p>1 Q. 995, and it should be D128 in the top right. 2 THE CORONER: Yes. 3 <b>A. Yes.</b> 4 MS HILL: This is an application, is it not, for an order in 5 relation to data about the telephones, and do you see 6 this on 996, just under the first hole-punch: 7 "As the investigations progress, concern has started 8 to develop around Tatiana for the following reasons: 9 firstly, there was the issue about the telephone; 10 secondly, there was the issue about the laptop; thirdly, 11 it was noted about the toxicology in that he had had 12 lunch that day with his wife at home; fourthly Tatiana 13 has often not been cooperative -- while personal, 14 cultural and grief reasons are considered possibilities, 15 there are concerns that this could be deliberate because 16 she does not wish to assist the police or it could be 17 that she is in fear, under pressure from others, which 18 could be linked to the Russian threats." 19 Then it says underneath that the purpose of the 20 application was basically to establish if there was any 21 reason relating to her mobile and the home landline to 22 support or undermine the inference that there are 23 suspicious reasons surrounding this man's death and so 24 on. 25 Just to be clear, does this suggest that the</p> <p style="text-align: center;">Page 85</p>	<p>1 some questions about that. 2 You had been informed, you had been given 3 information here that Mrs Perepilichnaya and her 4 daughter had prepared the soup, what it consisted of, 5 and you have recorded: 6 "He may have had bread with the soup, she did not 7 recall. Tatiana had a little of the soup herself while 8 [her daughter] had a Marks &amp; Spencers ready meal." 9 That is the detail you have given. 10 Sir, I didn't mean to name the daughter's name, that 11 can be taken off the transcript. 12 THE CORONER: We will not put it on the transcript, and I am 13 sure everybody will ignore it. 14 MS HILL: It will not be reported, I am sure. 15 But the account you had been given was this, wasn't 16 it, that Mrs Perepilichnaya had had a little of the soup 17 and her daughter had had a different kind of meal? 18 <b>A. That is the account we have been given, yes.</b> 19 Q. Can you look now, please, at the Ghersons note of the 20 meeting, which I think you should have loose on your 21 table, and go to the top, please, of page 8. This note 22 records slightly more detail at the top of page 8, 23 doesn't it: 24 "... that me and my daughter [this attributed to 25 Mrs Perepilichnaya], we don't like the soup."</p> <p style="text-align: center;">Page 87</p>
<p>1 concerns about the telephone and the computer, and 2 things of that nature, were part of the rationale for 3 applying for this kind of production order? 4 <b>A. I can't comment because I have not played a part in 5 this, apart from the information we fed back to the 6 investigation team.</b> 7 Q. But I think, as you have said already to my learned 8 friends, you did share some concerns about whether 9 Mrs Perepilichnaya was being completely up front with 10 you, didn't you? 11 <b>A. She was never -- she never really went into much detail 12 and she was quite scant about what she was telling us.</b> 13 Q. And this was unusual from your experience of dealing 14 with grieving families? 15 <b>A. Grieving families, and it also got to a stage where she 16 felt she didn't know her husband as she thought she knew 17 him, so there were probably a number of factors for her 18 not wanting to provide information.</b> 19 Q. Just a couple more topics, if I may. Could you go back 20 to your own note at page 228. I am confident that is 21 the right number. 228 should be the note of the 22 30 November meeting, is that right? 23 <b>A. Yes.</b> 24 Q. You have recorded at the top of page 228 the account 25 that you had received about the soup. Can I ask you</p> <p style="text-align: center;">Page 86</p>	<p>1 Do you see that? 2 <b>A. Yes.</b> 3 THE CORONER: Got that? 4 MS HILL: "He likes it because his grandma used to make it 5 for him, it is his childhood taste." 6 Then the recording is "What did you and your 7 daughter have?" is the question asked by your colleague: 8 "I had a bit of the soup. For my daughter I get 9 those fresh dishes from Marks &amp; Spencers that you put in 10 the oven. My children are both quite choosy." 11 Do you see that? 12 <b>A. Yes.</b> 13 Q. So that corroborates, doesn't it, the note that you had 14 made, it is a similar account? 15 <b>A. It is similar, yes.</b> 16 Q. So it follows from that note, assuming your note is 17 accurate, that you were not told, were you, that the 18 daughter had tasted the soup while it was being made? 19 <b>A. Sorry, are you saying that is what we have --</b> 20 Q. I am saying this account does not appear to be there, 21 there appears to be nothing in the note here -- I am not 22 saying it was said, I am asking you to confirm there was 23 nothing on the note about the daughter tasting the soup, 24 is there? 25 <b>A. On whose notes, Mr Gherson's?</b></p> <p style="text-align: center;">Page 88</p>

<p>1 Q. On either note?</p> <p>2 <b>A. No. There doesn't appear to be.</b></p> <p>3 Q. There is nothing on the note there, is there, about</p> <p>4 Mrs Perepilichnaya and her daughter finishing the soup</p> <p>5 that they had cooked for lunch?</p> <p>6 <b>A. No, there isn't.</b></p> <p>7 Q. At teatime, so after lunch -- there is nothing on the</p> <p>8 note about that, is there?</p> <p>9 <b>A. No.</b></p> <p>10 Q. Were you in court on the day that Mrs Perepilichnaya</p> <p>11 gave that evidence to the coroner?</p> <p>12 <b>A. No, I wasn't in court.</b></p> <p>13 Q. Thank you.</p> <p>14 Can I ask you please to look at volume 5.1, page 24.</p> <p>15 <b>A. Page 24?</b></p> <p>16 Q. Page 24 in the bottom right, and it should be a note of</p> <p>17 the Operation Daphne briefing from 7 December 2012, do</p> <p>18 you have that?</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. I am not sure, sir, if these are documents that we have</p> <p>21 been taken to before but it is part of a series of</p> <p>22 handwritten notes I think, is this right officer, these</p> <p>23 are the internal briefings within Operation Daphne?</p> <p>24 <b>A. Yes. I don't recognise this handwriting.</b></p> <p>25 Q. These are not your notes, as far as I understand it, but</p> <p style="text-align: center;">Page 89</p>	<p>1 <b>A. I know that they were going to. I can't be specific</b></p> <p>2 <b>about what date.</b></p> <p>3 Q. Do you remember at any briefing being told that, during</p> <p>4 that 6 December meeting, Hermitage had reported this</p> <p>5 issue about a dossier and about Mr Perepilichny's name</p> <p>6 being on some kind of a hit list? Was that ever</p> <p>7 something that you remember being discussed in these</p> <p>8 briefings?</p> <p>9 <b>A. I can't remember now, no.</b></p> <p>10 <b>Can I refer to my original notes in case there is</b></p> <p>11 <b>something in there?</b></p> <p>12 Q. Yes.</p> <p>13 <b>A. So you are talking about 6 December?</b></p> <p>14 Q. Yes.</p> <p>15 There is a brief entry at the foot of, your</p> <p>16 numbering, page 21, bottom of 450 from 7 December but it</p> <p>17 doesn't seem to be very detailed. I am not sure if that</p> <p>18 will help you but, please, see if it triggers your</p> <p>19 memory at all?</p> <p>20 <b>A. No, it doesn't help.</b></p> <p>21 Q. All right.</p> <p>22 Can I ask you please to be given the police volume</p> <p>23 containing the Operation Daphne report, I think it is</p> <p>24 volume 2, page 579. You should have the Operation</p> <p>25 Daphne concluding report, page 579. Do you have that?</p> <p style="text-align: center;">Page 91</p>
<p>1 somebody takes a note of what is being discussed at</p> <p>2 these team meetings, yes?</p> <p>3 <b>A. Yes.</b></p> <p>4 Q. For example, we see on 7 December: Funeral has taken</p> <p>5 place, phones and laptops have been seized and there is</p> <p>6 discussion about a range of issues at this meeting.</p> <p>7 If you go over the page, please, to bottom right</p> <p>8 page 25, there is a further handwritten note from</p> <p>9 a similar one of these meetings, and I think it may have</p> <p>10 skipped on, there may be a couple of internal pages</p> <p>11 missing, but at the top of page 25 it says this, does</p> <p>12 it:</p> <p>13 "Hermitage: details of contact of various police</p> <p>14 departments, history of [something] harassment by</p> <p>15 officials to Hermitage employees. V [victim] is not</p> <p>16 an employee of Hermitage, has made contact with them</p> <p>17 about transactions made during a fraud."</p> <p>18 Do you remember being present at the briefing when</p> <p>19 the Hermitage issue was discussed?</p> <p>20 <b>A. I don't remember, no.</b></p> <p>21 Q. I see.</p> <p>22 This appears to be the Hermitage meeting that has</p> <p>23 taken place on 6 December. Did you know that officers</p> <p>24 from your investigation had met with Hermitage on</p> <p>25 6 December?</p> <p style="text-align: center;">Page 90</p>	<p>1 <b>A. Is it handwritten?</b></p> <p>2 Q. It should be page 579 --</p> <p>3 THE CORONER: 579, bottom right.</p> <p>4 MS HILL: It is volume 2. I don't think you have been given</p> <p>5 the police volume 2, have you?</p> <p>6 <b>A. I've got bundle 5, volume 2.</b></p> <p>7 Q. No, it is just regular volume 2.</p> <p>8 THE CORONER: It is just 2, no 5.</p> <p>9 So 579?</p> <p>10 MS HILL: 579 of volume 2.</p> <p>11 THE CORONER: See if it says "Concluding report".</p> <p>12 MS HILL: I have two more topics for you, officer. This is</p> <p>13 the second to last one.</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. This is the concluding report prepared by DCI</p> <p>16 Ian Pollard at the end of the Operation Daphne</p> <p>17 investigation. Is this a document you have seen before</p> <p>18 or not?</p> <p>19 <b>A. No, I haven't.</b></p> <p>20 Q. Let me take you, if I may, just to a couple of points in</p> <p>21 it. At the foot of 583, the lines of inquiry for the</p> <p>22 investigation were set out, do you see that?</p> <p>23 At the foot of 583, there is a heading "Lines of</p> <p>24 inquiry: Victimology", which includes a range of issues,</p> <p>25 and then under 7.2 "Threats", 7.3 "Pathology", 7.4</p> <p style="text-align: center;">Page 92</p>

23 (Pages 89 to 92)

1 "Intelligence", and so on?  
 2 **A. Yes.**  
 3 Q. You understood I think, in conjunction with other  
 4 officers, that the issue of threats to Mr Perepilichny  
 5 was a specific line of inquiry, wasn't it?  
 6 **A. Yes.**  
 7 Q. It is right from what you have told the court so far  
 8 that your discussions with Mrs Perepilichnaya, according  
 9 to your notes, recorded several different instances of  
 10 things that could be characterised as threats or fears,  
 11 didn't they?  
 12 **A. Yes, potentially but they were not in context. They**  
 13 **were not put together in a victimology or I am not aware**  
 14 **of the further inquiries, so, yes.**  
 15 Q. But my question to you is that your account that you had  
 16 elicited were of various different instances, be it  
 17 overheard calls or voicemails or SMS messages, things  
 18 like that?  
 19 **A. As we were told them.**  
 20 Q. As you were told them?  
 21 **A. Yes.**  
 22 Q. And if you look, please at 2.11 on page 581, there is  
 23 a summary there, is there, that begins "The family  
 24 liaison officers have persevered ...", do you see that?  
 25 **A. Yes.**

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1 Q. "The FLOs have persevered in trying to forge some sort  
 2 of relationship with Tatiana but were unsuccessful in  
 3 their efforts. To this day she has not engaged with the  
 4 FLOs and kept them at some distance. She has not  
 5 cooperated in providing any detailed background  
 6 information relating to Alexander, which is made even  
 7 harder upon certain issues to do with other women. Her  
 8 response to the FLOs, which she clearly did not know her  
 9 husband, what he was like, and that we knew more about  
 10 the man he was. She has totally disengaged with  
 11 providing any further information about the family."  
 12 Does that represent a broad summary of her  
 13 disengagement from your process?  
 14 **A. Sadly, that how it was. Yes.**  
 15 Q. What 2.11 doesn't record, is this right, is the detail  
 16 of the evidence you had recorded about these various  
 17 phone calls and voicemails and things of that nature  
 18 that could be seen as evidence of threats or fears?  
 19 **A. It is not in 2.11, no.**  
 20 Q. And I can't say the detail of the FLO evidence of  
 21 threats or fears anywhere else in this report -- I will  
 22 be taken to it if I am wrong -- but that appears to be  
 23 the thrust of the summary of your input into the  
 24 investigation, but it only reflects one part of it,  
 25 doesn't it, it doesn't reflect the investigative

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1 evidence you had obtained?  
 2 **A. That only reflects the one part. As for the detail of**  
 3 **the potential threats, because we didn't have any more**  
 4 **details as FLOs, there wasn't any further input.**  
 5 Q. I am not asking you to explain it, I am just asking you  
 6 to agree that you obtained some evidence that you noted  
 7 and that is not reflected here in this report, is it?  
 8 **A. We obtained some information. It wouldn't have been**  
 9 **evidence, yes.**  
 10 Q. The report later on talks about telephones, mobile phone  
 11 examinations and so on. Could you look, please, at  
 12 12.3.  
 13 It is the foot of 586 and that records this, doesn't  
 14 it, that "Examinations have not uncovered any text  
 15 message or other form of correspondence indicating  
 16 Alexander was under threat."  
 17 Just pausing there, you had been shown, hadn't you,  
 18 at least one text message that could be construed as  
 19 some kind of threat or fear, hadn't you?  
 20 **A. I was either shown it or it was read out, yes.**  
 21 Q. Yes. So, even if your looking at this message isn't  
 22 a forensic examination as such, that is something that  
 23 you had been shown, isn't it? You had been shown that  
 24 text message?  
 25 **A. I was informed of it or shown it, yes.**

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1 Q. So it appears again, does it, that that paragraph of the  
 2 report doesn't fully reflect the information that you  
 3 had gathered?  
 4 **A. That is how it would appear but I don't know if that is**  
 5 **referring to just the examination of the devices she**  
 6 **provided, as opposed to examination of our notes as well**  
 7 **as the devices. So I don't know if that is referring**  
 8 **just to the examination of the devices she provided.**  
 9 Q. I understand, but you had also, hadn't you, been played  
 10 a voicemail that could be characterised as some kind of  
 11 threat, hadn't you?  
 12 **A. Either played it or it was translated to us, yes.**  
 13 Q. Again, I will be corrected if I am wrong, but it doesn't  
 14 appear that the details of those sort of interactions  
 15 have been recorded in this report. Do understand the  
 16 point I put to you -- it is not a criticism of you at  
 17 all.  
 18 **A. I do understand but it is not recorded there, no.**  
 19 Q. Just finally, I am not sure you need to turn it up but  
 20 there is a record of one of the briefings with the rest  
 21 of your team on 1 November 2013 where Kay, so I think  
 22 that is officer Button, has recorded this:  
 23 "Kay informs that Tatiana has not been seen for  
 24 a fortnight or so. Very difficult. She feels we are  
 25 insignificant. She wants to move on with her life.

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<p>1 Just wants to sort out the life insurance money.                  2 Pushing for the death certificate."                  3 Is that something that you recollect?                  4 <b>A. Where is that recorded?</b>                  5 Q. Do you want to have a look at it? It is volume 5.1,                  6 page 32. It is definitely volume 5.1.                  7 <b>A. In this same folder?</b>                  8 <b>THE CORONER: No.</b>                  9 MS HILL: No, it is volume 5.1.                  10 THE CORONER: That is all right.                  11 MS HILL: I was trying to reduce the need for you to turn up                  12 pages but, if you want to look at it, that is fair.                  13 It is those handwritten briefing notes, I think you                  14 had them open not long ago. 5.1, page 32. It should be                  15 headed "1 February 2013, 10.40", do you see that?                  16 <b>A. Yes.</b>                  17 Q. This is a little bit later, if that helps you, officer,                  18 into the chronology of the investigation. There is,                  19 again, a briefing being chaired by DI Burden,                  20 DCI Pollard. It seems to say:                  21 "FLO update: Kay informs that Tatiana has not been                  22 seen for a fortnight or so. Very difficult. She feels                  23 we are insignificant. Just wants to move on with her                  24 life. Just wants to sort out the life insurance money.                  25 Pushing for the death certificate. Sent FLO text</p> <p style="text-align: center;">Page 97</p>	<p>1 do because obviously I am anxious to finish                  2 Dr Fegan-Earl, if we can, because he will, I know, have                  3 other things to do.                  4 All right good. Usual warning.                  5 (12.58 pm)                  6 (The Luncheon Adjournment)                  7 (2.10 pm)                  8 THE CORONER: Yes. We need a witness?                  9 Questions from MR BEGGS                  10 MR BEGGS: Good afternoon, DC Taylor, could you be handed in                  11 that morass, bundle 5, it is 5, volumes 1 to 2?                  12 <b>A. I've got bundle 5 here.</b>                  13 Q. You have got 5.1 there, have you?                  14 <b>A. Yes.</b>                  15 Q. Could you turn to page 820, which is a page that one of                  16 the gentlemen behind me took you to. And just while you                  17 are getting it up, it is a report --                  18 THE CORONER: Did you say 5.1 or 5.2, I think that is for us                  19 in 5.2.                  20 MR BEGGS: I think it must be 5.2, yes.                  21 THE CORONER: 820?                  22 MR BEGGS: Page 820, and it is one of your reports, one of                  23 the joint reports from you and your colleague                  24 Kay Button.                  25 Yes, and I don't -- and I underscore the word</p> <p style="text-align: center;">Page 99</p>
<p>1 messages of names, numbers of lady Alexander was in                  2 Paris with."                  3 Do you see that?                  4 <b>A. Yes.</b>                  5 Q. Do you recollect that that reflects the dynamic between                  6 you and Mrs Perepilichnaya at the time?                  7 <b>A. Yes, it does.</b>                  8 Q. And that that reflects what some of her concerns were?                  9 <b>A. It was in relation to getting on with her life rather</b>                  10 <b>than anything to do with the investigation of her</b>                  11 <b>husband's death, yes.</b>                  12 Q. And the other details that you have put down there?                  13 <b>A. Yes.</b>                  14 MS HILL: Thank you.                  15 Thank you, sir.                  16 MR BEGGS: Sir, I am happy to start -- it is 12.59.                  17 THE CORONER: No, what I will just say, whenever you would                  18 like, Mr Beggs, but we will start an at 2.05. That is                  19 fine.                  20 It is just this. I am going to struggle a bit --                  21 Dr Fegan-Earl has been waiting patiently -- I am going                  22 to struggle I think to go on beyond 4.30 this afternoon.                  23 I just want to make sure, can you just have a word after                  24 I have risen just to see amongst yourselves whether we                  25 are going to get everything done that we are hoping to</p> <p style="text-align: center;">Page 98</p>	<p>1 "don't" -- I don't want you to read it out for reasons                  2 that will be apparent to the learned coroner, would you                  3 look at the third paragraph, please, starting:                  4 "Tatiana stated she was going", do you see that?                  5 Just first of all, can I check you have got that                  6 paragraph, please?                  7 <b>A. Yes.</b>                  8 Q. And secondly, would you read it to yourself, in other                  9 words, not out loud, just read the whole paragraph to                  10 yourself.                  11 <b>A. Okay.</b>                  12 Q. To remind you of what you recorded. You have had                  13 a chance to read it?                  14 <b>A. Yes, just that paragraph?</b>                  15 Q. Yes. You can understand, perhaps, why I asked you not                  16 to read it aloud, yes, but do you agree that that                  17 paragraph tends to suggest that, on some matters anyway,                  18 Tatiana was confiding in you? On some issues she would                  19 confide?                  20 <b>A. On some issues, yes, she was.</b>                  21 Q. Yes, and we see at the end of that paragraph, if I pick                  22 it up three lines from the bottom, on the right-hand                  23 side, she said that "they", and I think we know that to                  24 be Alexander and her, had planned to give notice on the                  25 current rental in November 2012, with a view to buying</p> <p style="text-align: center;">Page 100</p>

<p>1 early next year, and that was the reason that Alexander 2 had the medical that you mentioned in a previous report? 3 <b>A. That's correct, yes.</b> 4 Q. And she was speaking, wasn't she there, about future 5 plans between her and her husband? 6 <b>A. That's correct, yes.</b> 7 Q. If you just drop two paragraphs below that, someone 8 behind me took you to the final sentence in the 9 penultimate paragraph, in which Tatiana is recording 10 that Hermitage had promised they would not disclose 11 Alexander's name, do you see that? 12 <b>A. Yes.</b> 13 Q. You can take it from me, I hope, that not in your 14 contemporaneous notes but it may be that your colleague, 15 Kay Button, had recorded it because I think you were 16 working as a double act, weren't you? 17 <b>A. That's correct.</b> 18 Q. And I am not criticising that at all? 19 <b>A. If it is not in mine, it is possibly in hers.</b> 20 Q. Probably in hers, yes. 21 By 18 December, the date of this report, you knew, 22 didn't you, that the widow had had lots of contact with 23 a variety of people over the previous five or six weeks? 24 <b>A. It would appear that way, yes.</b> 25 Q. Yes, and just going back to the date of the death</p> <p style="text-align: center;">Page 101</p>	<p>1 Q. Yes, and after that start, that perhaps slightly rocky 2 start, there was then a period, I think this is fair, 3 isn't it, of 17 or 18 days when, until the newspapers 4 started reporting something, the widow had no reason to 5 think that Surrey Police were taking this as 6 a suspicious death? 7 <b>A. That is correct.</b> 8 Q. That is fair, isn't it? 9 <b>A. Yes, in a is fair.</b> 10 Q. So if she starts off with the bereavement, the sudden 11 death of her husband of some 20 years, for whatever 12 reason there is no activity by Surrey Police for over 13 two weeks, and then, to give the immediate contextual 14 lead up to your first meeting with her on 29 November, 15 you, Surrey Police receive letters, don't they, from two 16 firms of solicitors? 17 <b>A. That's correct, yes.</b> 18 Q. And on the very day that you meet with the widow for the 19 first time, The Independent newspaper runs a fairly 20 sensationalist article, did you know that? 21 <b>A. No, I didn't.</b> 22 Q. You didn't appreciate then that on 29 November, it is 23 the learned coroner's bundle 1, page 65, just for his 24 note, The Independent ran an article entitled "Russian 25 whistleblower was warned his name was on gang hit list."</p> <p style="text-align: center;">Page 103</p>
<p>1 itself. Please understand that this comment, this 2 question, is not put in a critical vein but it is fair, 3 isn't it, to say that the delivery of the death message 4 hadn't been perfect in its execution, if I could suggest 5 that. Did you know about that? 6 <b>A. No, I can't comment because we didn't deliver the death 7 message.</b> 8 Q. You didn't, no? 9 <b>A. And I can't recall if we were told about how it was 10 delivered.</b> 11 Q. Well, perhaps you will, and Ms Barton will intervene if 12 I am being unfair, perhaps you will take it from me that 13 what had happened on the evening of the deceased's death 14 was that Tatiana was told; she realised someone had 15 died, she picked up from the police that it was a man, 16 she was asked for a passport photograph of her husband 17 but at no stage was she formally told that he had in 18 fact died. Do you see the rough outline? 19 <b>A. Okay, yes.</b> 20 Q. We have heard from a number of officers, including 21 a PC Wilson, who expressed a view, putting it neutrally 22 if I can that perhaps this was not the optimal way to 23 deal with a potentially grieving widow, you can perhaps 24 see that, can't you? 25 <b>A. I can empathise with that, yes.</b></p> <p style="text-align: center;">Page 102</p>	<p>1 Did you not realise that? 2 <b>A. I understood there was lots in the media but I cannot 3 specifically say whether it was The Independent or not.</b> 4 Q. That is perfectly fair but do you see, having had the 5 somewhat rocky start on the night of the occasion, then 6 a period of inactivity and then suddenly this, I think 7 we can all agree a slightly sensationalist headline, 8 I don't mean that pejoratively, I just mean it 9 descriptively; you can, I think, understand as an FLO 10 but perhaps more importantly as a human being with 11 common sense that the widow would be in a state of some 12 shock and distress when she first met you? 13 <b>A. Absolutely, yes.</b> 14 Q. Yes. 15 You also knew that the funeral was planned according 16 to the Orthodox Church of which she and he were a member 17 for just a few days hence, yes? 18 <b>A. Yes.</b> 19 Q. And it is clear, isn't it, indeed from all the records 20 we can see, that the funeral was to some extent 21 pre-occupying the widow, wasn't it? 22 <b>A. Very much so.</b> 23 Q. And again, without labouring it, that is not really 24 surprising, is it? 25 <b>A. No, not at all.</b></p> <p style="text-align: center;">Page 104</p>

26 (Pages 101 to 104)

1 Q. And because the additional ingredient that perhaps  
 2 doesn't trouble you with all your FLO duties is that  
 3 many of the friends and family, indeed virtually all,  
 4 were coming from abroad?  
 5 **A. Absolutely, and we wanted to do what we could to try and**  
 6 **have her husband released to her for that funeral. In**  
 7 **terms of feedback -- yes.**  
 8 Q. Quite so.  
 9 The point I was making is that, unlike if I can call  
 10 it an United Kingdom family's death where most of the  
 11 friends and family may be local, this had the additional  
 12 logistical issue of coordinating flights into the  
 13 country?  
 14 **A. Absolutely.**  
 15 Q. So it must have occurred to you that at that very first  
 16 meeting, the widow was likely to be under considerable  
 17 stress for a number of different reasons?  
 18 **A. Yes.**  
 19 Q. And, although I quite accept that she is able to  
 20 converse in English, as we saw when she gave her  
 21 evidence on the first day, would you accept this, that  
 22 her ability to converse with some nuance and idiom is  
 23 less impressive?  
 24 **A. I can't comment on that, really.**  
 25 Q. Well, perhaps you are absolutely right because of course

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1 having not known her before this, it is difficult for  
 2 you to compare. But what I am suggesting to you is that  
 3 basic discourse between you and her, or Mr Gherson and  
 4 her, she was undoubtedly capable of.  
 5 But I wonder whether you would accept, thinking  
 6 about it carefully, that sometimes, when you get into  
 7 more nuanced conversations about details, dates, and who  
 8 is speaking and so forth, it became just a little bit  
 9 more difficult to be sure that you are fairly recording  
 10 what she intends to convey. Do you see what I am  
 11 saying?  
 12 **A. I do see what you are saying.**  
 13 **The only times it was difficult to record what she**  
 14 **was saying, or understand what she was saying was over**  
 15 **the phone, not the face to face.**  
 16 Q. I accept that, because when you have got someone face to  
 17 face you can follow what their lips are doing, as well  
 18 as hearing.  
 19 Let me put it a different way. At no stage did you  
 20 consider bringing an interpreter in, I don't think?  
 21 **A. It didn't feel necessary.**  
 22 Q. "It didn't feel necessary."  
 23 At that first meeting, as I think you very fairly  
 24 accepted when the learned coroner intervened, it was  
 25 obvious, wasn't it, that she was in something of a rush?

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1 **A. She was in a rush, yes.**  
 2 Q. So that there is no mystery and it is not misreported,  
 3 it is because her daughter, her 8-year old daughter was  
 4 outside in a car with a driver?  
 5 **A. Yes.**  
 6 Q. And did you, again no criticism intended by the  
 7 question, did you ask her whether she was on any  
 8 medication at this first meeting?  
 9 **A. If it is not recorded, then I don't believe we did.**  
 10 Q. Given what I took you to at the very beginning, do you  
 11 accept it is possible that she was under medication,  
 12 even if she didn't tell you?  
 13 **A. It is possible, yes.**  
 14 Q. Yes.  
 15 And again, no criticism implied, but at no stage,  
 16 I think, in the FLO process did you ever ask Tatiana  
 17 whether she agreed that the notes you were producing  
 18 into typewritten reports were accurate?  
 19 **A. Yes, that is not something we would normally do.**  
 20 Q. Which is why I said I don't criticise you for it.  
 21 Custom and practice was not to say to the person that  
 22 you had been discussing matters with:  
 23 "Would you mind checking that we have accurately  
 24 understood what you intended to convey."  
 25 Is that fair?

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1 **A. That is fair.**  
 2 Q. And I won't trouble to take us all to it, but pretty  
 3 much from the beginning of that first meeting, it was  
 4 obvious that she was concerned most particularly to  
 5 obtain the body of her husband for the imminent funeral?  
 6 **A. She was, yes.**  
 7 Q. And do you agree with me that the message that you were  
 8 getting, both from her and from Mr Gherson, was that  
 9 whilst the police, when the police had had her husband's  
 10 two telephones, she had found herself a little bit cut  
 11 off from friends and family, because you will recall,  
 12 initially, the police had the phones?  
 13 **A. Yes, because I remember -- I recall either reading or**  
 14 **her saying, because it was because of her saying, the**  
 15 **police had the two phones, so they had enough time to**  
 16 **make their inquiries with the phones, which is why she**  
 17 **was also reluctant to hand them over.**  
 18 Q. You have helpfully answered a question I was going to  
 19 ask but if you could pick up the 12-page note, that  
 20 Gherson Solicitors compiled, do you have that to the  
 21 ready?  
 22 **A. I do.**  
 23 Q. And before I take you to any detail in it, would you  
 24 agree with this proposition, that you were, I think, the  
 25 principal FLO conducting the discussion, you were the

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1 police officer of the two FLOs?  
 2 **A. Yes, I wasn't -- neither one of us was the principal**  
 3 **FLO. We worked as a pair, regardless of being ...**  
 4 Q. Would it be fair to say that you were doing most of the  
 5 questioning, or would that not be right?  
 6 **A. I think I was doing most of the writing in the first**  
 7 **meeting and Kay Button most of the questioning, or it**  
 8 **might have been a bit of both.**  
 9 Q. I see. And just go if you would, please, to the top of  
 10 page 3, do you see that the minute taker at that  
 11 meeting, a Ms Turner, records the solicitor saying,  
 12 introducing his specialism: "I am an immigration  
 13 lawyer," and he has other general counsel duties?  
 14 **A. Hmm.**  
 15 Q. "I had known her husband for a good two to three years  
 16 plus. We have had periodic contact. She was unable to  
 17 contact anyone. She doesn't have many friends and she  
 18 had no numbers. He dealt with all that."  
 19 Do you see that?  
 20 **A. Yes.**  
 21 Q. And I am wondering whether that jogged your memory that  
 22 the reality was that Tatiana was a little bit isolated,  
 23 particularly when she didn't have her husband's  
 24 telephones because really she was in a foreign country  
 25 without any local friends or family, is that fair?

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1 **A. She was very isolated, yes.**  
 2 Q. Yes. And you can see that that is another factor that  
 3 might have played into her level of distress or lack of  
 4 confidence?  
 5 **A. Yes.**  
 6 Q. Yes. And in fact, if we go to page -- sorry to navigate  
 7 you from bundle to bundle but if we go to page 229, of  
 8 your typewritten --  
 9 **A. In which bundle?**  
 10 Q. It is the hearing bundle.  
 11 THE CORONER: 229.  
 12 MR BEGGS: 229, sir, yes.  
 13 **A. Yes. Okay, yes.**  
 14 Q. In addition to the note I just took you to, from  
 15 Gherson's, we see that in the third paragraph on 229,  
 16 the first sentence from you is:  
 17 "It appears that Tatiana has no family or support  
 18 from friends in the UK."  
 19 And then you make a comment about relying upon one  
 20 of Mr Gherson's Russian speaking staff?  
 21 **A. Yes.**  
 22 Q. So the clear picture from both you and the Gherson's  
 23 note taker is of a woman who was somewhat isolated and  
 24 at a time of some tragedy?  
 25 **A. Yes, absolutely.**

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1 Q. Yes.  
 2 What I want to suggest to you is that  
 3 notwithstanding the several reasons for distress which  
 4 you have very fairly acknowledged were in existence,  
 5 that actually at that first meeting and despite, as it  
 6 were, the car revving up outside with her daughter, she  
 7 did actually give you, if one looks at it objectively,  
 8 a large amount of detail?  
 9 **A. Yes.**  
 10 Q. Yes?  
 11 **A. There was detail that we couldn't expand on and we were**  
 12 **hoping to expand on at a future date.**  
 13 Q. Yes, but I am just establishing, as it were, on a day by  
 14 day basis, at that first meeting, I am not going to  
 15 traverse it all because the learned coroner can see it  
 16 for himself?  
 17 **A. No, we did get quite a lot of detail.**  
 18 Q. You did get a lot of detail, didn't you?  
 19 **A. Yes.**  
 20 Q. Yes, and it wouldn't be fair, would it, for the media,  
 21 for example, to misunderstand your evidence to be that  
 22 first meeting she was unhelpful, that would not be fair,  
 23 would it?  
 24 **A. No, you are correct there, no.**  
 25 Q. And it was the clear message that she was conveying, and

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1 to be fair to you, DC Taylor, I accept it is for the  
 2 learned coroner to adjudicate upon the accuracy of that  
 3 message but as far as you could see and hear, the clear  
 4 message she was giving you was that she knew very little  
 5 about her husband's business life?  
 6 **A. And that is what was portrayed, yes, that is what came**  
 7 **across.**  
 8 Q. Yes. Would you accept this, that thus when we look at  
 9 the document I looked at on 18 December with you, some  
 10 two and a half, three weeks later, it is perhaps not  
 11 surprising that she is beginning to say other things  
 12 that she was not mentioning at the very first meeting?  
 13 **A. Yes, and I wouldn't expect her to at the first meeting**  
 14 **because it is about gaining trust, as well.**  
 15 Q. Yes?  
 16 **A. Two ways.**  
 17 Q. But your own note at 227 of the hearing bundle starts  
 18 off, under the subheading "Occupation":  
 19 "Tatiana stated she did not have any dealings in  
 20 Alexander's business life", and then you record this  
 21 with a degree of nuance, it might appear:  
 22 "She struggled to name his occupation, but  
 23 eventually stated she believed he had a food business in  
 24 Ukraine and when he lived in Moscow had an office there.  
 25 She did not know of they current business premises."

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<p>1 That was a theme, wasn't it, at that and the next 2 meeting the following day? 3 <b>A. Yes.</b> 4 Q. Returning then, please, to the Gherson notes. You, 5 earlier in your evidence, I forget to which barrister, 6 forgive me, said that it was important when one tries to 7 interpret any discussion to understand context. 8 You would readily agree with that, wouldn't you? 9 <b>A. I would, yes.</b> 10 Q. Might I ask you, please, just to keep your voice up 11 a little bit more, it is probably my -- 12 <b>A. Okay. Yes, I agree.</b> 13 Q. Thank you. 14 And if we look at page 8 of the Gherson notes, which 15 I think broadly aligns with what you have recorded in 16 your officer's report, and I am only going to it because 17 it is a little bit more detailed? 18 <b>A. Okay.</b> 19 Q. Your colleague, Kay Button, asked the question: 20 "Had he been under any pressure or stress?" 21 Do you recall that, about two-thirds of the way down 22 the page? Or one third of the way up from the bottom. 23 THE CORONER: Got that? Just by the second hole-punch, you 24 said: 25 "He didn't discuss ..."</p> <p style="text-align: center;">Page 113</p>	<p>1 Q. Yes, and she -- 2 <b>A. What she was saying was not in context initially and,</b> 3 <b>yes.</b> 4 Q. Yes, but what she is actually talking about there, would 5 you agree, is her husband worked very hard, that is what 6 she is really talking about, isn't it? 7 <b>A. Yes, that is what she is talking about there.</b> 8 Q. And that, of itself, the fact that he is under stress, 9 just pausing and looking at it calmly and clinically, 10 that might be said about a number of people in this room 11 or indeed a number of your colleagues? 12 <b>A. Under stress about work?</b> 13 Q. Yes? 14 <b>A. Yes.</b> 15 Q. And then the question is asked by your colleague: 16 "Do you know of anyone who might want to hurt or 17 harm him", and do you see that what the Gherson's 18 shorthand writer, or whatever (s)he was, has picked up 19 is the first -- her immediate response is: 20 "Now when I read the newspaper things, I wonder." 21 Do you see that? 22 <b>A. I see that, yes.</b> 23 Q. And again, this is not a criticism, that that entry 24 contains rather more nuance than your contemporaneous 25 record, doesn't it?</p> <p style="text-align: center;">Page 115</p>
<p>1 <b>A. Yes, I've got that, yes.</b> 2 MR BEGGS: And then the answer you get is: 3 "Of course he was under stress, everybody knows the 4 political situation in Russia." 5 Pausing there, I don't know whether you were 6 a Russian expert and that is why you were appointed? 7 <b>A. No. No Russian expert.</b> 8 Q. So you had no Russian expertise? 9 <b>A. No.</b> 10 Q. Was this the first Russian client, if I can call it 11 that, that you had had as an FLO? 12 <b>A. No, second.</b> 13 Q. Second, yes. 14 What the widow is saying is: 15 "Everyone who is working is under this stress." 16 And pausing there, I think you would have to agree 17 that at this distance and time, having regard to 18 language issues, it is not entirely clear whether she is 19 referring to the fact of working hard giving you stress, 20 or the fact of Russian business circumstances giving 21 stress, or maybe a bit of both. 22 Do you see it? 23 <b>A. Yes, I understand where you are coming from, yes.</b> 24 Q. Is that a fair thing to say? 25 <b>A. It is fair, because it is --</b></p> <p style="text-align: center;">Page 114</p>	<p>1 <b>A. It does, yes.</b> 2 Q. And I don't suppose you have any reason to suppose that 3 that is not other than the shorthand writer's best 4 attempt to record the nuance of what was being said? 5 <b>A. Yes, I am not doubting that.</b> 6 Q. No. 7 So I think you would agree with me that, when 8 Tatiana then went on to describe a conversation, do you 9 accept she was necessarily doing so in the light of 10 something she had read in the newspapers? 11 We know one of those articles was in 12 The Independent, which spoke of a "hit list". That is 13 necessarily the likely context in which she is speaking, 14 isn't it? 15 <b>A. I can't comment on that, really. Only she would be able</b> 16 <b>to comment on that.</b> 17 Q. Yes, except that what you can comment on is that she 18 does expressly refer to: 19 "Now when I read the newspaper ..." do you see? 20 <b>A. She is there referring to the newspaper, yes.</b> 21 Q. Yes. 22 And in this first quite long answer, this is fair, 23 isn't it, she is recording him saying "everything is 24 fine", do you see that? 25 "He would always say: 'Everything is fine, you are</p> <p style="text-align: center;">Page 116</p>

1 imagining things?"

2 **A. Yes, I see that.**

3 Q. And so that is, of course, relevant to your ability to

4 brief the SIO, isn't it, because one of your purposes,

5 as Ms Hill, behind me, took you to was to elicit the

6 existence or otherwise of threat?

7 **A. Yes.**

8 Q. And what you are being told, at this very first meeting,

9 it looks on the face of it with a degree of spontaneity,

10 is that he would always say "Everything is fine; you,"

11 speaking about his wife, "are imagining things", do you

12 see that?

13 **A. I see that, yes.**

14 Q. Yes, and then in the context of having just mentioned

15 the newspaper, with a headline about a hit list, she

16 then opens up and says, speaks about the conversation,

17 doesn't she?

18 **A. That is how it appears, yes.**

19 Q. Yes.

20 Again, I just want to press you a little bit. When

21 you were describing Tatiana as being unhelpful, I wonder

22 whether that wasn't, perhaps on reflection, entirely

23 a fair thing to say because here she is at the first

24 meeting with the car running outside, and

25 a preoccupation with an imminent funeral, immediately

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1 condescending to detail that might actually be helpful

2 to you?

3 **A. No, what I was referring to was not this first meeting.**

4 Q. Yes?

5 **A. In general terms, it was very different because usually**

6 **we would be seeing the family in their own home, sir,**

7 **and in their own surroundings and this was very**

8 **different circumstances.**

9 Q. Yes?

10 **A. It was arranged by the solicitors and then, in general,**

11 **her demeanour was that and nonetheless throughout my**

12 **deployment with her, I empathised with her as a female,**

13 **as a female from Russia, as a female who had been**

14 **widowed with two children.**

15 Q. In a foreign land without contacts, friends or family?

16 **A. In a foreign land and just being left without her**

17 **husband. I had total empathy with her.**

18 Q. Yes. I understand.

19 Then the conversation, the not the conversation but

20 the monologue that is there recorded, I think we can all

21 agree that it must ultimately be for the learned coroner

22 to determine precisely what she is trying to convey and

23 your recollection or interpretation will be no better

24 than his, save that you had the benefit of watching her

25 deliver it, that is fair, isn't it?

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1 **A. Yes, and I would have liked to have thought and at that**

2 **time we would revisit all of this and obtain a more**

3 **detailed account from her for a victimology but that**

4 **opportunity didn't arise.**

5 Q. Yes, because it is fair to say that after the funeral,

6 her levels of cooperation with you dipped for a period,

7 didn't they?

8 **A. Yes, they were up and down throughout our deployment**

9 **with her.**

10 Q. Yes, and turning, then, to the top of the next page, it

11 again seems clear, doesn't it, from what Mr Gherson is

12 recorded as saying, that Tatiana's concern about her

13 address being known to the police was passed on via her

14 husband, even though it seems that it is more her

15 concern than his. Do you see that?

16 **A. Yes.**

17 Q. And just pausing there, did it, I wonder, ever occur to

18 you that if you are brought up in the former Soviet

19 bloc, you might have a different view of the police

20 having your address, than those of us just brought in up

21 in England and Wales?

22 **A. Yes, not just because of that but because of my own**

23 **culture as well.**

24 Q. So you were able to understand why people from certain

25 cultures, particularly from totalitarian regimes might

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1 not view with equanimity the existence of their address

2 on a police computer?

3 **A. Yes.**

4 Q. Yes.

5 So we have to read that with that historical context

6 in mind, don't we?

7 **A. Yes.**

8 Q. And that is fair, isn't it, that is not -- I am not

9 twisting anything, that is fair?

10 **A. No, that is fair.**

11 Q. Yes.

12 And then the question is asked, towards the middle

13 of the page by your colleague Kay Button, very properly

14 she says:

15 "I want to ask, Tatiana, are you concerned for your

16 safety at the moment?"

17 And she records that she is scared:

18 "I have never been more scared than I am now.

19 I don't know, I can't think."

20 So when we look at that answer, we have to view it

21 in the context of the various stressors that you have

22 readily accepted existed at that stage, haven't we?

23 **A. Yes, the stresses of her losing her husband, being**

24 **widowed with two children, the press intrusion, things**

25 **that were coming out in the media. It was in that**

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<p>1 <b>context, that is how I take it.</b></p> <p>2 Q. Yes, and sometimes we have to look at the Gherson note</p> <p>3 and your note in combination to get the full meaning and</p> <p>4 a number of advocates have done this both ways, looking</p> <p>5 at your note, then the Gherson note for context, and</p> <p>6 reverse.</p> <p>7 You see when we go to your note, you record at 228,</p> <p>8 by all means follow it with me, so that I don't take</p> <p>9 an unfair point, but in the penultimate paragraph of</p> <p>10 228, you have recorded:</p> <p>11 "We asked", four lines down, "if she felt concern</p> <p>12 for her own safety or threatened."</p> <p>13 Do you see that?</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. I am going to suggest to you that is probably</p> <p>16 a reflection of the question that the Gherson's lady has</p> <p>17 recorded is:</p> <p>18 "I want to ask you, Tatiana, are you concerned for</p> <p>19 that you are safety at the moment?"</p> <p>20 <b>A. Hmm.</b></p> <p>21 Q. That is probably the same moment in the meeting?</p> <p>22 <b>A. More than likely, yes.</b></p> <p>23 Q. More than likely, yes, and the response that you have</p> <p>24 recorded is:</p> <p>25 "She stated she was just scared of being a single</p> <p style="text-align: center;">Page 121</p>	<p>1 Q. Which we know, don't we, from what you have recorded was</p> <p>2 not a lot of money, ordinarily to Tatiana, was it?</p> <p>3 Because she says that £6,000 in relation to the roubles</p> <p>4 is not a lot of money?</p> <p>5 <b>A. However, things changed after her husband died.</b></p> <p>6 Q. Exactly. So you can see that when we look about being</p> <p>7 scared, we have to look at the broader picture, which</p> <p>8 includes concern for her financial wellbeing and</p> <p>9 potential liabilities that she might pick up, you can</p> <p>10 see that?</p> <p>11 <b>A. And being a single parent, so that is why we recorded it</b></p> <p>12 <b>as such.</b></p> <p>13 Q. Yes, and very, very fairly, if I may say so.</p> <p>14 And then you have recorded it was at this point, and</p> <p>15 it seems to find reflection also in the Gherson's note</p> <p>16 but in addition to mentioning that conversation about</p> <p>17 the address, she also, I suggest, very readily tells you</p> <p>18 in the context of the question about Alexander being</p> <p>19 under stress, about the voicemail message, doesn't she?</p> <p>20 <b>A. That's correct, yes.</b></p> <p>21 Q. Again, so we just have a fair report of this, despite</p> <p>22 all the factors you have fairly identified which would</p> <p>23 be causing her stress and concern, she gives you some</p> <p>24 detail, doesn't she; the date of the voicemail, the date</p> <p>25 in relation to which the threat related, namely the</p> <p style="text-align: center;">Page 123</p>
<p>1 parent on her own."</p> <p>2 Yes? I am not going to cut it off and be unfair</p> <p>3 because I am going to come on to the next point in</p> <p>4 a moment, but we can add to the learned coroner's</p> <p>5 interpretation of this answer that at least some of her</p> <p>6 fear, expressed in her second language, is that she is</p> <p>7 suddenly a single mother?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. Moreover, I think you know well because you recorded it</p> <p>10 very faithfully a number of times, she was plunged into</p> <p>11 immediate financial difficulty, wasn't she?</p> <p>12 <b>A. That is my understanding. She wanted to settle the</b></p> <p>13 <b>financial affairs.</b></p> <p>14 Q. Yes. Pausing there, I know it is sometimes difficult to</p> <p>15 have sympathy for those capable of renting houses</p> <p>16 costing well over 10,000 a month, but if you are used to</p> <p>17 that lifestyle and then suddenly your source of income</p> <p>18 disappears dead, that is a sort of obvious stress,</p> <p>19 isn't?</p> <p>20 <b>A. It of course it would be.</b></p> <p>21 Q. Particularly if your children's education is being paid</p> <p>22 for, yes? And you know that later in the case she was</p> <p>23 complaining, wasn't she that, one of solicitors wanted</p> <p>24 to charge her £5,000?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: center;">Page 122</p>	<p>1 Thursday?</p> <p>2 <b>A. Yes, we have got detail there, yes.</b></p> <p>3 Q. Yes, and you don't have to be a top SIO, or detective,</p> <p>4 to appreciate that at first blush this particular</p> <p>5 voicemail appears not to have anything to do on any</p> <p>6 conceivable basis with his death, since it seems to be</p> <p>7 someone who doesn't appreciate that he is dead?</p> <p>8 <b>A. Well, it is out of context that she is just referring to</b></p> <p>9 <b>it.</b></p> <p>10 Q. Yes, well, to be fair to her, the account she gave you</p> <p>11 at that first meeting was entirely consistent with the</p> <p>12 account she gave you on the same voicemail at the</p> <p>13 meeting the following day, wasn't it?</p> <p>14 <b>A. Yes, as far as I can recall and what is in our notes,</b></p> <p>15 <b>yes.</b></p> <p>16 Q. Well, I think someone will correct me if I am wrong, but</p> <p>17 in both those accounts she gives a steadfastly</p> <p>18 consistent account and it is pretty obvious, isn't it,</p> <p>19 DC Taylor that on the face of it, the person leaving</p> <p>20 that voice message; on the face of it, I accept there</p> <p>21 may be more nuanced interpretations, has nothing to do</p> <p>22 with any suspicions that other people may have about his</p> <p>23 cause of death?</p> <p>24 <b>A. No, because it was prior to.</b></p> <p>25 Q. It was after his death?</p> <p style="text-align: center;">Page 124</p>

1 **A. Sorry, yes, it was after his death.**  
 2 Q. It was some 17 days after his death. Yes?  
 3 THE CORONER: I think it is just being put to you that if  
 4 you look at that message in context, so the context  
 5 being that he died some days before, it doesn't look as  
 6 if that is anything to do with it, does it?  
 7 **A. No, because whoever left that message doesn't know he**  
 8 **was dead.**  
 9 THE CORONER: That is the point I think that is being --  
 10 yes.  
 11 MR BEGGS: Yes.  
 12 Can we just check your notes just for a moment,  
 13 please.  
 14 Yes, now, at that first meeting, Tatiana had to  
 15 leave, and the minute taker at page 11 has recorded the  
 16 precise minute, or thereabouts that she left at 5.47,  
 17 for what it is worth; and I think it is clear, isn't it,  
 18 that your contemporaneous notebook entry then deals with  
 19 the Magnitsky matter after Tatiana had left?  
 20 **A. After she had left.**  
 21 Q. Apologies. It is okay, I will just resurrect my papers.  
 22 Now, if we go to the meeting the following day,  
 23 30 November, it is at page 231 of the hearing bundle.  
 24 Sorry, just before I go there, apologies, if you go  
 25 back to 229, there was just a small point there.

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1 Your record of Mr Gherson's apparent shock and  
 2 suspicions, which is at the bottom of the second  
 3 paragraph, the final sentence of the second paragraph,  
 4 I think you accept that that is not to be found, the  
 5 word "shock" or "suspicion" is not to be found in your  
 6 contemporaneous note?  
 7 **A. No.**  
 8 Q. And, again, it is not a criticism of you but that is  
 9 your impression, which may or may not have been  
 10 accurate?  
 11 **A. The case, yes.**  
 12 Q. Yes. Had you ever met Mr Gherson prior to this day?  
 13 **A. No, that was the first time.**  
 14 Q. If you then go back to 231, two pages further on. In  
 15 relation to the phones and electronic devices, you very  
 16 fairly recorded that the reason she didn't want to  
 17 surrender them was that they contained an amount of  
 18 information which she needed to sort out her husband's  
 19 affairs. And she was concerned that the data might be  
 20 lost, yes?  
 21 **A. That is correct, yes.**  
 22 Q. And again, whether or not she was wise to adopt that  
 23 view, on the face of it, it is quite obvious, isn't it,  
 24 that she honestly believed that and she honestly wanted  
 25 to retain the phones for the purpose that she gave you?

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1 **A. That is how it appeared.**  
 2 Q. That is how it appeared to you, yes.  
 3 And it is also clear, isn't it, that perhaps with  
 4 another day of reflection and perhaps having got over  
 5 the initial newspaper headlines, by the time you make  
 6 this second report, she is expressly stating and you are  
 7 expressly recording that her concern is principally in  
 8 relation -- her concern for safety -- is in relation to  
 9 the media onslaught, isn't it?  
 10 **A. Yes, and she was also concerned about media intrusion at**  
 11 **the funeral, which is why she wanted police presence.**  
 12 Q. And whether you are Russian, or whatever nationality, it  
 13 is a perfectly understandable fear of media intrusion,  
 14 isn't it?  
 15 **A. Absolutely, yes.**  
 16 Q. Yes.  
 17 But just so there is no unfair point taken by me,  
 18 you accept, do you, that by this stage, her main concern  
 19 in relation to fears that she had relates to media  
 20 intrusion?  
 21 **A. That was my understanding of her fear, yes.**  
 22 Q. Yes.  
 23 In particular, she was concerned for the impact of  
 24 that media intrusion upon her children?  
 25 **A. Upon her children, yes, as well as the funeral**

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1 **arrangements as well.**  
 2 Q. Yes. And on this second meeting, I think your evidence  
 3 earlier, and I suggest you are right, and we can tell  
 4 that by looking at the inverted commas that surround the  
 5 words, she actually played you the voicemail message,  
 6 didn't she?  
 7 Do you see, it is on page 232 and there is the  
 8 subheading "Messages on Alexander's Phone".  
 9 "Tatiana played the voicemail message."  
 10 **A. If is that -- yes, if that is what I've got there, then**  
 11 **it would have been played.**  
 12 Q. And this was a meeting, wasn't it, also held as  
 13 Gherson's?  
 14 **A. That's correct, yes.**  
 15 Q. I am not sure, perhaps you can tell us, whether there  
 16 were any other Russian speakers present at that meeting?  
 17 **A. Was this the second meeting?**  
 18 Q. It was.  
 19 **A. I am just wondering if --**  
 20 Q. -- it is not clear from --  
 21 **A. -- whether Victoria was there or not.**  
 22 Q. That is why I was asking you. I can't tell from your  
 23 notes. That is not a criticism but ... anyway, we can  
 24 ask Mr Gherson on Friday when he arrives but?  
 25 **A. Yes.**

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<p>1 Q. But in any event, she played you the message, obviously 2 it was in a language, I assume you don't speak Russian? 3 <b>A. No.</b> 4 Q. But one thing is for sure, she had retained the message 5 from the previous day, hadn't she? 6 <b>A. That's correct, yes.</b> 7 Q. And she played it to you in a perfectly open handed 8 manner and, so far as you are aware, she gave you her 9 best interpretation of it? 10 <b>A. Interpretation of it, yes.</b> 11 Q. And indeed, this is where I was suggesting earlier that 12 sometimes difficult words or more nuanced conversations 13 may be more difficult for you both to understand, she 14 made reference to and you recorded that this was 15 a problem in relation to some jurisdictional matter? 16 <b>A. Yes.</b> 17 Q. Do you accept from me that when a Russian speaker speaks 18 of "jurisdictional matter", that has certainly 19 evocations of litigation, court matters, do you accept 20 that is a fair interpretation to put on that? 21 <b>A. That can be a fair interpretation, yes.</b> 22 Q. Yes. What she didn't say was she didn't interpret that 23 as a threat to his life, did she? 24 <b>A. No.</b> 25 Q. Because had she done that, you would have been</p> <p style="text-align: center;">Page 129</p>	<p>1 second meeting, she went further than is apparent from 2 your typewritten note because she also made cited to you 3 the words: 4 "Don't do any quick moves, we control everything." 5 <b>A. Is that in my --</b> 6 Q. It is in your original handwritten notes but it doesn't 7 find its way into the report? 8 <b>A. That is not in there, I noticed that too, and that is</b> 9 <b>just a mistake on my part.</b> 10 Q. No one is criticising you for it but the point I am 11 inviting you to accept is that she was giving you the 12 full extent of what she could, by way of anything that 13 might be relevant to threats, to Alexander? 14 <b>A. Anything she thought might be relevant, yes.</b> 15 Q. Yes, and on the face of it, she was discerning in the 16 sense that she is dealing with things where someone is 17 referring to: "Alexander, you will go to prison", really 18 seriously, and equally: "Don't do any quick moves, we 19 control everything." 20 So the face of it, if I may say so, she was very 21 cooperative with you? 22 <b>A. Yes, I am not saying she wasn't.</b> 23 Q. And it has already been dealt with and I apologise for 24 repeating it but in relation to that particular text 25 message which was some 18 months, just shy of 18 months</p> <p style="text-align: center;">Page 131</p>
<p>1 scribbling furiously? 2 <b>A. Well, I would have noted that.</b> 3 Q. Sorry, that was my flourish, which I withdraw. You 4 would have made a careful note, wouldn't you, but what 5 you have made a careful note of is that she says: 6 "That these people will make a problem for Alex." 7 Pausing there: "Will make a problem" is an example, 8 is it not, of idiomatic struggle in relation to some 9 jurisdictional matter? 10 <b>A. Yes.</b> 11 Q. This could well be a business dispute of some 12 description which has found its way into the courts? 13 <b>A. Yes, it could be.</b> 14 Q. Yes, and at the same time, she volunteered another piece 15 of information to you, didn't she, on this second 16 meeting? Namely the text message? 17 <b>A. Yes.</b> 18 Q. And, again, I am going to suggest that she obviously 19 went to some pains in that regard because you have 20 recorded it in some detail, haven't you? 21 <b>A. I have recorded it as I was being told it.</b> 22 Q. Yes, there is no criticism. 23 But that was volunteered by Tatiana, wasn't it? 24 <b>A. Yes.</b> 25 Q. And indeed, lest there be any doubt about it, at that</p> <p style="text-align: center;">Page 130</p>	<p>1 old, she seemed untroubled by it, didn't she, she 2 thought it was 'small beer', to put it in the English 3 vernacular? 4 <b>A. Yes, she didn't seem concerned about it but she wanted</b> 5 <b>to share it because of the concerns being raised in</b> 6 <b>general.</b> 7 Q. Yes, and as with the meeting the previous day, her focus 8 then remained on the imminent funeral, didn't it? 9 <b>A. Absolutely, yes.</b> 10 Q. Yes, and you will be pleased to know I have almost 11 finished, just 234, please, of the hearing bundle? 12 <b>A. 234?</b> 13 Q. Yes. 14 In passing, you discovered, didn't you, that one of 15 the things that was a bit upsetting for her was that the 16 florists pulled out because of the publicity surrounding 17 Hermitage? 18 <b>A. Yes.</b> 19 Q. Again, you can understand that when you are burying not 20 your third cousin twice removed, but your husband? 21 <b>A. Husband.</b> 22 Q. For that sort of thing to happen, at the last minute, is 23 very distressing? 24 <b>A. Of course it would be.</b> 25 Q. Yes, and it might, you can see why it might create</p> <p style="text-align: center;">Page 132</p>

1 something of an antipathy, emotionally speaking, in  
 2 relation to the people apparently responsible for that  
 3 withdrawal?  
 4 **A. Yes.**  
 5 Q. Yes. The long and the short of that meeting which you  
 6 have recorded, which took place on 5 December, is that  
 7 she did hand over Alexander's laptop and two phones?  
 8 **A. Yes.**  
 9 Q. And there was a mix up in relation to one of the phones,  
 10 wasn't there?  
 11 **A. Something to do with the SIM card.**  
 12 Q. Yes, she had adulterated it?  
 13 **A. Yes.**  
 14 Q. But I don't think you are suggesting that is sinister,  
 15 that is simply she needed the use of a phone -- you are  
 16 nodding -- so she ended up giving you suboptimal  
 17 evidence, yes?  
 18 **A. Potentially, yes. Only she can answer that.**  
 19 Q. Yes, well that is perfectly true.  
 20 She also made clear, didn't she, that that was the  
 21 one laptop that her husband had?  
 22 **A. Yes, and she was eager to get it back for her daughter's**  
 23 **use as well.**  
 24 Q. She was eager to get it back for her daughter's use but  
 25 nonetheless she handed it over to the police, didn't

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1 she?  
 2 **A. Yes.**  
 3 Q. And I think it was you, amongst others, that confirmed  
 4 that neither of the phones she handed over had any kind  
 5 of PIN protection, any password protection?  
 6 **A. That's correct.**  
 7 Q. Just a small point on page 237, please. Under the  
 8 heading "General Mistrust" I think it is fair to say,  
 9 isn't it, that that is a summation of your state of mind  
 10 as -- let me put that again. A summation as to your  
 11 views of Tatiana's state of mind as of the date of this  
 12 meeting?  
 13 **A. Yes. As in, based on the notes we made?**  
 14 Q. Yes?  
 15 **A. From the meeting with her, yes.**  
 16 Q. Well, you will forgive me for observing that in fact  
 17 those points are not to be found in your contemporaneous  
 18 record. But I am not criticising you again, I am just  
 19 making it clear that that was basically your  
 20 interpretation of where you --  
 21 **A. It is a summary of what we have been told over the**  
 22 **course of meeting her.**  
 23 Q. Yes?  
 24 **A. Yes, it is a summary of it, so it wouldn't be in those**  
 25 **contemporaneous notes.**

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1 Q. And without needing to go into the detail, by this  
 2 stage, if you look at your summary, and look at the  
 3 point below, Hermitage publicity, without going into the  
 4 detail, she had other cause to be upset by now, didn't  
 5 she?  
 6 **A. She did, yes.**  
 7 Q. And just whilst we are on that page, if you turn to  
 8 page 238, you recall earlier I was suggesting that one  
 9 of the reasons she was in a distressed state was she had  
 10 suddenly had no money, having previously not had to  
 11 worry about money. That is something that you in fact  
 12 record, isn't it, in the second large paragraph on 238,  
 13 she stated she has no money that she used all to pay for  
 14 the funeral and at that stage she was plainly very  
 15 distressed, wasn't she?  
 16 **A. She was distressed generally, yes.**  
 17 MR BEGGS: Yes.  
 18 Yes, thank you very much indeed, DC Taylor.  
 19 Questions from MS BARTON  
 20 MS BARTON: DC Taylor, I've got one issue that I want to  
 21 deal with and you will answer the question in the light  
 22 of the context that Mr Beggs has already established.  
 23 Were there attempts to obtain a witness statement  
 24 from Tatiana?  
 25 **A. Yes, more so a victimology, the lifestyle of her husband**

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1 **so we could get that in detail. There was, yes.**  
 2 Q. Did you try once or more than once to get that?  
 3 **A. From what I recall, more than once.**  
 4 Q. And were you successful or unsuccessful?  
 5 **A. Unsuccessful.**  
 6 MS BARTON: Thank you.  
 7 MR SKELTON: No further questions from me, sir.  
 8 THE CORONER: No.  
 9 Thank you very much. Thank you.  
 10 MR SKELTON: Sir, the final witness today is Dr Fegan-Earl.  
 11 DR ASHLEY FEGAN-EARL (sworn)  
 12 Questions from MR SKELTON  
 13 MR SKELTON: Dr Fegan-Earl, do stand or sit as you --  
 14 **A. All pathologists stand.**  
 15 Q. Could you state your full name to the court, please?  
 16 **A. Dr Ashley William Fegan-Earl.**  
 17 Q. Could you explain your position?  
 18 **A. I am a Home Office pathologist and a consultant forensic**  
 19 **pathologist.**  
 20 Q. And you have provided a post mortem report to the court  
 21 dated 10 January 2014, which one can find in the expert  
 22 bundle 1, at tab 28.  
 23 You also, subsequent to that, provided three  
 24 supplementary reports dealing with various matters, and  
 25 more recently you met with Dr Ratcliffe, who was also

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1 a pathologist in this case and produced a note of that  
 2 meeting, dated 23 May this year?  
 3 **A. Yes, indeed.**  
 4 Q. Thank you. Do you stand, subject to clarification, in  
 5 this evidence by the opinions made in that report?  
 6 **A. I do, yes.**  
 7 Q. Or those reports, I should say, plural, for  
 8 clarification.  
 9 Could you explain, first of all, you are a forensic  
 10 pathologist. What does a forensic pathologist bring to  
 11 bear on the investigative process that a conventional  
 12 pathologist doesn't?  
 13 **A. A forensic pathologist, or more particularly**  
 14 **a Home Office pathologist, is a pathologist trained in**  
 15 **forensics, that is the study, the interpretation of**  
 16 **injuries and causes of death, most particularly when**  
 17 **there is perceived to be suspicious circumstance.**  
 18 **Now, of course that may be an obvious murder, we may**  
 19 **find that there are perfectly reasonable explanations**  
 20 **for a sudden and suspicious death but it is our role to**  
 21 **assist the police in the investigation of deaths that**  
 22 **are perceived as suspicious.**  
 23 **If you want to call it a general pathologist,**  
 24 **a histopathologist will also undertake post mortem**  
 25 **examinations on sudden, unexpected deaths but**

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1 **nonetheless deaths that are not deemed to be suspicious**  
 2 **at the time that they are reported to**  
 3 **Her Majesty's Coroner.**  
 4 Q. Is that deemed by the police to be suspicious?  
 5 **A. Yes. In any case of a sudden and unexpected death, the**  
 6 **police will provide a report to Her Majesty's coroner,**  
 7 **as to the nature of the incident. If it is plainly**  
 8 **perceived to be suspicious, their first route should be**  
 9 **to seek the use of a Home Office pathologist in order to**  
 10 **confirm or refute suspicious circumstance.**  
 11 Q. And in your report, you describe the post mortem you  
 12 conducted as a "special post mortem". In fact, for most  
 13 of this hearing, although you have not been here, we  
 14 have been using the term "forensic post mortem". Are  
 15 they synonymous?  
 16 **A. In essence, yes, so one can break it down into a routine**  
 17 **examination for coroners, so that is an examination on**  
 18 **a sudden, unexpected non-suspicious death and what is**  
 19 **either termed a special or a forensic, which can only be**  
 20 **carried out by a Home Office registered pathologist.**  
 21 Q. Could you describe the basic differences between those  
 22 types of post mortem?  
 23 **A. The basic differences are that police and scientific**  
 24 **officers will attend a forensic examination, their**  
 25 **function is to provide a briefing to the pathologist, as**

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1 **to circumstances of the case, as are known at the time.**  
 2 **They are there to assist in the photographic**  
 3 **recording of injuries and findings deemed to be relevant**  
 4 **and to assist in the taking of various samples deemed**  
 5 **necessary in order to properly investigate the death.**  
 6 **In routine examinations, it is generally speaking**  
 7 **only the pathologist and the mortuary staff present.**  
 8 Q. You mentioned relevant circumstances, so for the most  
 9 part you are reliant on the police to provide  
 10 an indication of what may be relevant circumstances?  
 11 **A. We rely on the police to provide a briefing of the**  
 12 **circumstances. That isn't to say that once that we have**  
 13 **that briefing, we accept verbatim what they have said.**  
 14 **It simply gives us, perhaps, a flavour of the case and**  
 15 **may direct us as to the type and nature of examination**  
 16 **we need to undertake but nonetheless, we consider the**  
 17 **case as a whole, and with an independent mind.**  
 18 Q. Will you also rely insofar as it may be relevant, on  
 19 evidence or information from the clinicians if the  
 20 person has had some treatment of some kind?  
 21 **A. It is rare that pathology stands alone. In fact it can**  
 22 **be very dangerous for pathology to stand-alone. We must**  
 23 **as trained doctors consider all of the pathology**  
 24 **findings in concert with any additional investigations**  
 25 **and place them into context, yes. That is highly**

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1 **important.**  
 2 Q. So, for example, you may have indications from the  
 3 clinicians or the medical notes that someone may in fact  
 4 have a natural disease which was progressing that may,  
 5 that you need to investigate whether in fact it was the  
 6 cause of death as supposed to something suspicious?  
 7 **A. Precisely so. One takes it into context. One sometimes**  
 8 **needs to, for example, consider have they died of**  
 9 **something or with something. So yes, that medical**  
 10 **information, additional information, is important.**  
 11 Q. Taking the police and the clinicians as the primary  
 12 examples, they have a certain official status as  
 13 providers of information?  
 14 **A. Yes.**  
 15 Q. Do you, as a pathologist, consider it appropriate to go  
 16 outside of that information, to look yourself for  
 17 circumstantial evidence that may be relevant, for  
 18 example, in the media?  
 19 **A. In the media? Certainly not the media. What we may do**  
 20 **is following completion of our post mortem examination,**  
 21 **we may advise the police that certain additional**  
 22 **information is required for us to draw appropriate**  
 23 **conclusions.**  
 24 **But the media has nothing to do with the conclusions**  
 25 **that I draw.**

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1 THE CORONER: I mean medical histories may, I suppose,  
 2 I suppose even those can be contentious but often they  
 3 are not, they may be a reliable source for you but  
 4 equally no doubt sometimes circumstances are actually  
 5 contentious and whether information is right or not, if  
 6 it is correct, what are the safe inferences to be drawn  
 7 from it and you cannot get into that kind of -- that is  
 8 way beyond --  
 9 **A. No, we have to take a balanced view on what we have,**  
 10 **what is suggested, at each stage. I think also be open**  
 11 **to reinterpretation of the facts, if circumstances**  
 12 **change.**  
 13 MR SKELTON: So the circumstantial evidence may change, so  
 14 the police may say to you that: 'We have found a body in  
 15 a skip next to an empty house and we want you to see if  
 16 there is any evidence of foul play in that man's death?'  
 17 but it may later pertain that that man has died from  
 18 what would appear to be an overdose within the house and  
 19 whoever was with him had decided to move his body after  
 20 death and therefore the death is not in fact suspicious?  
 21 **A. Yes, and it is certainly the case that many forensic**  
 22 **examinations we start as suspicious cases are**  
 23 **downgraded, yes, when there are non-suspicious findings**  
 24 **established.**  
 25 Q. You may, likewise, within, well, the purpose of your

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1 forensic investigation is to discover whether or not  
 2 there is anything untoward in the person's death and  
 3 that may involve the commissioning of expert evidence  
 4 from other people?  
 5 **A. Yes.**  
 6 Q. Toxicologists for example, and others?  
 7 **A. That is almost always the case, yes.**  
 8 Q. So it is usually the position, is it, that even though  
 9 you have a wider skill set as a forensic pathologist  
 10 that you are likely to be reliant on other experts  
 11 before you draw a final conclusion?  
 12 **A. Yes, I think one could put it this way: we are often the**  
 13 **first to lay hands on and once we have done that, we**  
 14 **carry out our examination, initiate further additional**  
 15 **investigations and once we have collated all of that**  
 16 **evidence, we are the last to report, having**  
 17 **consideration for the totality of the findings.**  
 18 Q. And presumably it is trite to say that in many instances  
 19 having concluded your investigations, what was  
 20 originally suspicious from the police's perspective is  
 21 no longer suspicious from the pathological perspective?  
 22 **A. Yes, I should say that generally, as a Home Office**  
 23 **pathologist, we usually operate on around about a third,**  
 24 **sometimes up to a half of our cases, being homicide and**  
 25 **the rest being various other phenomena such as suicide,**

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1 **accidents, drug overdose but elimination of suspicious**  
 2 **circumstance.**  
 3 Q. May I ask you just to turn to your report. It obviously  
 4 postdates the original post mortem examination and  
 5 I presume the reason for that was the other  
 6 investigations that you needed to corral into your  
 7 conclusions?  
 8 **A. And most particularly the extent of the toxicological**  
 9 **analysis and, as I have mentioned just now, we are the**  
 10 **last to report because we must have regard to the final**  
 11 **conclusions of those investigations.**  
 12 Q. So you in fact conducted the post mortem examination on  
 13 Mr Perepilichny's body on 30 November?  
 14 **A. I did, yes.**  
 15 Q. And we can see, if we start looking at, in particular  
 16 page 142, if you are looking at the top right-hand side,  
 17 do you have the paginated version, or are you looking at  
 18 your own version there?  
 19 **A. I suspect it would be better if I go to the paginated**  
 20 **version.**  
 21 Q. It is bundle 1, tab 28, and it is expert bundle 1.  
 22 **A. Sorry, tab 28?**  
 23 Q. Tab 28, starts at page 138, and I was just asking you to  
 24 turn to page 142 where you explain the examination of  
 25 the body?

Page 143

1 **A. Yes, thank you.**  
 2 Q. Thank you, did you find any evidence of third party  
 3 assault in the form of injuries, restraint or other  
 4 interference with Mr Perepilichny's body, beyond  
 5 I should say the paramedic involvement at the time of  
 6 death?  
 7 **A. No. It is worth emphasising that in any examination,**  
 8 **not only are the positive findings of relevance but the**  
 9 **negative exclusions are highly relevant.**  
 10 **So in this case, I have sought for example, is there**  
 11 **evidence of any head injury that could subdue this**  
 12 **gentleman? Any evidence of neck pressure? Has he been**  
 13 **beaten up? Are there any markings to suggest that he**  
 14 **has been forcibly held down and restrained?**  
 15 **All of those different modalities have been**  
 16 **considered by both external examination and then**  
 17 **dissection beneath the skin and in my opinion there was**  
 18 **no pathological evidence of third party assault of any**  
 19 **type.**  
 20 Q. Did you perform fluoroscopy at the same time as your  
 21 visual examination?  
 22 **A. No, fluoroscopy has not been performed.**  
 23 Q. It has not been performed?  
 24 **A. No.**  
 25 Q. So just to clarify, in your third report, which you will

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<p>1 find under tab 31?</p> <p>2 <b>A. Thank you.</b></p> <p>3 Q. There is, perhaps, a certain ambiguity about the</p> <p>4 wording?</p> <p>5 <b>A. Yes, I think that is right. No, fluoroscopy is not</b></p> <p>6 <b>a standard used modality. C T scanning is increasingly</b></p> <p>7 <b>being utilised but in this case, to my knowledge,</b></p> <p>8 <b>fluoroscopy was not undertaken on that body. I accept</b></p> <p>9 <b>there is a degree of ambiguity in the way that is</b></p> <p>10 <b>stated.</b></p> <p>11 Q. Just so everyone is clear, the answer to question 5, on</p> <p>12 page 160, which is in your third supplementary report?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. The question is "Did you arrange for the conducting of</p> <p>15 fluoroscopy, if so what was the outcome?" and the answer</p> <p>16 is: "I am unclear why a fluoroscopy was requested" and</p> <p>17 in fact you don't think it was requested?</p> <p>18 <b>A. No.</b></p> <p>19 Q. To be absolutely clear, your inspection of the body was</p> <p>20 based on conventional visual inspection plus dissection,</p> <p>21 et cetera, rather than any other technique?</p> <p>22 <b>A. That's correct.</b></p> <p>23 Q. Thank you.</p> <p>24 Just in terms of what fluoroscopy might have shown</p> <p>25 which you could not visualise with the naked eye, could</p> <p style="text-align: center;">Page 145</p>	<p>1 <b>The additional investigation that was done in this</b></p> <p>2 <b>case is to do a subcutaneous dissection, that is to look</b></p> <p>3 <b>beneath the skin, for any areas of bleeding that</b></p> <p>4 <b>therefore may suggest an injection into a vein.</b></p> <p>5 Q. Before we get into the rest of your --</p> <p>6 THE CORONER: Can I say, and there was nothing?</p> <p>7 <b>A. No, sir.</b></p> <p>8 THE CORONER: But the fluoroscopy, if I understand, that is</p> <p>9 not going to help you, as it were, if there is</p> <p>10 a puncture point, but it will help you whether there was</p> <p>11 some foreign body.</p> <p>12 <b>A. If there a foreign body, it may assist in that, but in</b></p> <p>13 <b>a way if there is an extensive subcutaneous dissection,</b></p> <p>14 <b>we really should be finding the bruising or foreign</b></p> <p>15 <b>bodies, if present.</b></p> <p>16 MR SKELTON: Does it help with non-solid foreign bodies, for</p> <p>17 example, a toxic substance on the skin?</p> <p>18 <b>A. No. For that, one would potentially rely on swabbing of</b></p> <p>19 <b>the skin and of course the overall results of toxicology</b></p> <p>20 <b>for if that poison has taken an effect.</b></p> <p>21 Q. Does it help with injection marks that have not left the</p> <p>22 foreign body within the body?</p> <p>23 <b>A. No.</b></p> <p>24 Q. So, in fact, if someone has been poisoned it is unlikely</p> <p>25 to be of any assistance?</p> <p style="text-align: center;">Page 147</p>
<p>1 you clarify that for me, please?</p> <p>2 <b>A. Fluoroscopy may identify foreign bodies that are</b></p> <p>3 <b>present. One might think about examples such as</b></p> <p>4 <b>a bullet, a knife tip, for example, so it is an</b></p> <p>5 <b>ancillary investigation, a supplementary investigation</b></p> <p>6 <b>that sometimes may be used.</b></p> <p>7 <b>Realistically, it tends to be used more in</b></p> <p>8 <b>specialist mass disaster scenarios where radiologists</b></p> <p>9 <b>are brought in, so I am thinking of things like mass</b></p> <p>10 <b>shootings and the like, military deaths, fluoroscopy</b></p> <p>11 <b>will be used as a standard.</b></p> <p>12 <b>Increasingly, but not in 2012, C T scanning is being</b></p> <p>13 <b>used prior to post mortem examinations as an additional</b></p> <p>14 <b>investigation.</b></p> <p>15 Q. Would fluoroscopy have located, if it had been the case,</p> <p>16 the administration of a poison by way of a, for example,</p> <p>17 an injection mark?</p> <p>18 <b>A. Well, for an injection mark, firstly one has to seek</b></p> <p>19 <b>that injection mark, that it has to be said might not</b></p> <p>20 <b>necessarily be easy.</b></p> <p>21 <b>However, of course, one has to be cognisant of the</b></p> <p>22 <b>fact that an otherwise fit and well individual, if faced</b></p> <p>23 <b>with forcible injection is unlikely to submit, so one</b></p> <p>24 <b>would also look for any signs of any form of struggle.</b></p> <p>25 <b>There was none.</b></p> <p style="text-align: center;">Page 146</p>	<p>1 <b>A. I think the only time one might think about that would</b></p> <p>2 <b>be the much quoted case of Georgi Markov with a small</b></p> <p>3 <b>metallic object which administered the poison via</b></p> <p>4 <b>injection.</b></p> <p>5 <b>Other than that, that would not be an investigative</b></p> <p>6 <b>approach I would use for poisoning. Much more important</b></p> <p>7 <b>is to take extensive and relevant samples, such that</b></p> <p>8 <b>a toxicologist may exhaustively search for poisons.</b></p> <p>9 Q. You conducted an internal examination of each part of</p> <p>10 Mr Perepilichny's body, including the central nervous</p> <p>11 system, the head and neck, and the cardiovascular system</p> <p>12 initially; a basic examination of each of those</p> <p>13 structures, although I think on the heart you deferred</p> <p>14 to Dr, now Professor, Sheppard?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. You didn't find anything abnormal in those systems, as</p> <p>17 I understand it, and you can see that on page 142, going</p> <p>18 into page 143 of your report?</p> <p>19 <b>A. No, it is true to say that Dr Ratcliffe had already</b></p> <p>20 <b>performed a complete post mortem examination.</b></p> <p>21 <b>I re-examined the organs, that is not a procedure that,</b></p> <p>22 <b>as forensic pathologists we are not used to; since, if</b></p> <p>23 <b>we are instructed for example by the defence, we not</b></p> <p>24 <b>infrequently undertake a second post mortem examination.</b></p> <p>25 <b>So it is a procedure we are familiar with and able to</b></p> <p style="text-align: center;">Page 148</p>

<p>1 <b>confirm or refute the first pathologist's findings.</b></p> <p>2 Q. Dr Ratcliffe was asked about this issue but I will ask</p> <p>3 you about it briefly, if I may, and I think it is</p> <p>4 something you and he dealt with in your joint statement</p> <p>5 which was about the condition of the lungs, that they</p> <p>6 were edematous, congested?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. Could you say from a pathological perspective how</p> <p>9 significant that finding might be?</p> <p>10 <b>A. It is an extremely common finding at post mortem</b></p> <p>11 <b>examination to see pulmonary oedema, which is fluid on</b></p> <p>12 <b>the lungs, and congestion which is rather heavy blood</b></p> <p>13 <b>filled lungs, or bloody lungs.</b></p> <p>14 <b>In, and of themselves, one cannot make a diagnosis,</b></p> <p>15 <b>they may occur, it may occur as a wide range of</b></p> <p>16 <b>problems, fatal head injuries may cause pulmonary</b></p> <p>17 <b>oedema, heart failure may cause pulmonary oedema, it is</b></p> <p>18 <b>true that some poisons may cause pulmonary oedema. It</b></p> <p>19 <b>can also be seen as part of the dying phase, so on its</b></p> <p>20 <b>own, pulmonary oedema, pulmonary congestion, it</b></p> <p>21 <b>certainly wouldn't raise one's concerns.</b></p> <p>22 Q. Putting it simply, if one posits that the cause of death</p> <p>23 in Mr Perepilichny's case was a fatal cardiac</p> <p>24 arrhythmia, or some form of toxic poisoning leading to</p> <p>25 cardiac arrest, the condition of Mr Perepilichny's</p> <p style="text-align: center;">Page 149</p>	<p>1 <b>A. He had opened the stomach. He would do that to look for</b></p> <p>2 <b>what the contents were, whether there was any ulcer or</b></p> <p>3 <b>other pathology in the stomach that might explain the</b></p> <p>4 <b>death.</b></p> <p>5 <b>In general routine examinations, one would not</b></p> <p>6 <b>automatically sample gastric contents unless, perhaps,</b></p> <p>7 <b>you saw tablets or tablet residue and one was thinking</b></p> <p>8 <b>about a suicide, for example.</b></p> <p>9 <b>Instead, one would look much more to other samples,</b></p> <p>10 <b>such as blood and urine, those are the samples we use as</b></p> <p>11 <b>a standard, if we are thinking about poisoning. That is</b></p> <p>12 <b>what we would tend to submit.</b></p> <p>13 Q. You took samples from Mr Perepilichny's stomach, and we</p> <p>14 can see that on page 145 and also from the three</p> <p>15 sections of his small intestine?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. In terms of -- just focusing on the stomach, primarily,</p> <p>18 were you satisfied there was still a significant</p> <p>19 quantity of material in there and that it was</p> <p>20 effectively the stomach contents that would have been</p> <p>21 there at the time of death?</p> <p>22 <b>A. It is fair to say it is not ideal. In the ideal, one</b></p> <p>23 <b>would open the stomach and collect the full content and</b></p> <p>24 <b>submit that, if it was deemed necessary.</b></p> <p>25 <b>In this case, Dr Ratcliffe had opened the stomach</b></p> <p style="text-align: center;">Page 151</p>
<p>1 lungs, including the oedema, is of no significance -- or</p> <p>2 sorry, doesn't tend towards either of those?</p> <p>3 <b>A. No, you eventually place it into context. If, for</b></p> <p>4 <b>example, you found critical heart disease, one would be</b></p> <p>5 <b>able to explain that the pulmonary oedema had developed</b></p> <p>6 <b>because the heart had failed and fluid had dammed back</b></p> <p>7 <b>into the lungs. Poisoning, through a variety of</b></p> <p>8 <b>mechanisms can cause that, so as I say, in and of</b></p> <p>9 <b>itself, non-specific finding.</b></p> <p>10 Q. What about the release of the gastric contents through</p> <p>11 the mouth, which we know was given in evidence by some</p> <p>12 of those that attempted CPR on Mr Perepilichny, there</p> <p>13 was some release of gastric contents?</p> <p>14 <b>A. Again, an extremely common phenomenon. If an individual</b></p> <p>15 <b>passes into a state of cardiac arrest, the various</b></p> <p>16 <b>muscles within their body relax and it is extremely</b></p> <p>17 <b>common to deal with individuals who have died suddenly</b></p> <p>18 <b>and unexpectedly who have resuscitation to identify</b></p> <p>19 <b>vomit either around the face or in the airways.</b></p> <p>20 <b>You will also identify that paramedics or first</b></p> <p>21 <b>attenders frequently, or one of their prime goals, first</b></p> <p>22 <b>off, is to check that the airway is clear and to suction</b></p> <p>23 <b>the airway, it is a very common finding.</b></p> <p>24 Q. Were you aware that Dr Ratcliffe had flushed away the</p> <p>25 contents of the stomach, or?</p> <p style="text-align: center;">Page 150</p>	<p>1 <b>partially, some stomach contents remained and therefore</b></p> <p>2 <b>I chose to take them for completeness, if you will.</b></p> <p>3 Q. You make the point in your joint statement that stomach</p> <p>4 contents can be likely or are likely to represent</p> <p>5 a relatively uniform medium for analysis. Is that</p> <p>6 a generalisation that doesn't always apply, but is that</p> <p>7 your general view?</p> <p>8 <b>A. Yes, it doesn't always apply but ideally, what one wants</b></p> <p>9 <b>to know is what is circulating in the blood, because it</b></p> <p>10 <b>is what is circulating throughout the body that is going</b></p> <p>11 <b>to have an effect to cause someone's death. Not</b></p> <p>12 <b>necessarily what is in the stomach.</b></p> <p>13 <b>The stomach may assist you but you are not going to</b></p> <p>14 <b>likely die unless it is a corrosive poison, of something</b></p> <p>15 <b>just sitting in the stomach, it needs to be absorbed</b></p> <p>16 <b>into the circulation to take effect.</b></p> <p>17 Q. If you cannot remember, please say, and don't speculate</p> <p>18 as you know?</p> <p>19 <b>A. Of course.</b></p> <p>20 Q. But can you recall whether or not you did find, as it</p> <p>21 were, an uniform medium to use the phrase you used in</p> <p>22 the joint statement when it came to the sample of</p> <p>23 Mr Perepilichny's stomach?</p> <p>24 <b>A. I think it is very difficult to say that, because</b></p> <p>25 <b>clearly, as part of digestion, the stomach will churn</b></p> <p style="text-align: center;">Page 152</p>

<p>1 <b>the content, so to an extent you get an uniformity but</b>                  2 <b>of course this gentleman had already had a post mortem</b>                  3 <b>examination, so it is not an ideal sample.</b>                  4 Q. We can see from the remainder of page 143, and into                  5 page 144, that you found no abnormalities or suspicious                  6 signs within any of the other major parts of the body                  7 including the musculoskeletal system, on close                  8 examination?                  9 <b>A. Yes, and musculoskeletal system specifically referring</b>                  10 <b>there, not only to the condition of bones, joints and</b>                  11 <b>muscles, but also the specialist dissection beneath the</b>                  12 <b>skin: arms, leg, back, to look for bleeding that might</b>                  13 <b>suggest an injection mark, so that is perhaps</b>                  14 <b>an important section.</b>                  15 Q. May I ask you about cyanide poisoning. I think, unlike                  16 Dr Ratcliffe, I think you said in your joint statement                  17 that you do have experience of post mortem examination                  18 of a cyanide victim?                  19 <b>A. Yes.</b>                  20 Q. Could you describe, insofar as it is possible without                  21 breaching any confidence, what kind of findings you                  22 experienced in that case?                  23 <b>A. Cyanide poisoning is comparatively rare. We do, or have</b>                  24 <b>seen it increase through suggestions on the internet and</b>                  25 <b>'recipes', if you like, on the internet as to how to</b></p> <p style="text-align: center;">Page 153</p>	<p>1 <b>hypostasis, or livor mortis. That is usually a purplish</b>                  2 <b>discolouration. It is often said that cyanide produces</b>                  3 <b>a brick red colour.</b>                  4 <b>There are other gases and poisons that cause other</b>                  5 <b>changes, the classic being carbon monoxide which causes</b>                  6 <b>a cherry pink discolouration, so that is one other sign.</b>                  7 Q. Did you find that in Mr Perepilichny's case?                  8 <b>A. No.</b>                  9 Q. Does the absence of that sign assist when it comes to                  10 saying whether it is likely or not to have been cyanide?                  11 <b>A. It would be an useful indicator but I think the final</b>                  12 <b>arbiter of that for cyanide poisoning would be to define</b>                  13 <b>the presence of the cyanide within the system and</b>                  14 <b>exclude other potential competing causes of death.</b>                  15 Q. Dr Perry indicated that cyanide, being a relatively                  16 volatile compound in its different forms, it needs to be                  17 tested for within a fairly swift window of about a week                  18 or so, and then after that it is unreliable?                  19 <b>A. Yes, that is true. Some of these are volatile and that</b>                  20 <b>can impede its detection, I accept that.</b>                  21 Q. Just for completeness, you also mentioned, I think in                  22 your joint statement that you can find inflammation of                  23 the stomach. Would that inflammation only occur when                  24 you have ingested it in a solid or soluble form, as                  25 opposed to a gas form?</p> <p style="text-align: center;">Page 155</p>
<p>1 <b>produce cyanide gas. The findings can be relatively</b>                  2 <b>non-specific. It can be associated with a bitter almond</b>                  3 <b>smell, if one opens the stomach.</b>                  4 Q. Can I just ask you on that point, are you one of the, it                  5 seems, a minority of people that can smell that smell?                  6 <b>A. Difficult to say, I don't willingly smell cyanide,</b>                  7 <b>usually I am using breathing apparatus.</b>                  8 Q. No?                  9 <b>A. If we conduct suspected cyanide poisoning we do it with</b>                  10 <b>independent breathing apparatus.</b>                  11 Q. So you wouldn't smell it, even it --                  12 <b>A. -- we won't smell it and I am not going to chance my arm</b>                  13 <b>any further than that.</b>                  14 Q. Understood. Sorry, you were referring to other signs.                  15 In fact, just for reference, you do refer to some of                  16 these in your joint statements, which can be found under                  17 tab 97 at page 874, going into 875, one of them is brick                  18 red hypostasis?                  19 <b>A. Yes.</b>                  20 Q. What is that?                  21 <b>A. Hypostasis is the discolouration that occurs when blood</b>                  22 <b>settles after death. Normally, we are circulating our</b>                  23 <b>blood continuously, so hopefully we are an even colour.</b>                  24 <b>When someone dies on their back, blood sinks to the</b>                  25 <b>lowest level, and you get discolouration known as</b></p> <p style="text-align: center;">Page 154</p>	<p>1 <b>A. Yes, if it is a gas, you may see irritation of the</b>                  2 <b>airways of the stomach, yes, you may see some</b>                  3 <b>inflammation but I am afraid to say, again, inflammation</b>                  4 <b>of the stomach is a not uncommon scenario.</b>                  5 Q. Can you express a view on the balance of probabilities                  6 based your pathological findings about potential cyanide                  7 being the cause of death?                  8 <b>A. There are certainly no clear signs identified to me that</b>                  9 <b>support cyanide poisoning, accepting the limitations of</b>                  10 <b>testing.</b>                  11 <b>I suppose the only other point to add is that at the</b>                  12 <b>original post mortem examination, Dr Ratcliffe would</b>                  13 <b>have been assisted by mortuary staff. I am not aware</b>                  14 <b>that any of them complained of an unusual smell and it</b>                  15 <b>is generally accepted that about 50 per cent of the</b>                  16 <b>population are able to identify cyanide.</b>                  17 <b>To flip it another way, there have been a number of</b>                  18 <b>unfortunate pathologists who have well woken up on the</b>                  19 <b>mortuary floor, having been exposed to cyanide that they</b>                  20 <b>cannot smell.</b>                  21 THE CORONER: So what are you saying, even if you could not                  22 smell it, it might have an effect?                  23 <b>A. It might have an effect, indeed. Perhaps you are lucky</b>                  24 <b>if you can smell it.</b>                  25 MR SKELTON: We understand that the paramedics who attended</p> <p style="text-align: center;">Page 156</p>

1 didn't smell that smell. Now of course --  
 2 **A. I am sorry?**  
 3 Q. The paramedics who attended didn't find the  
 4 characteristic smell, although of course they could fall  
 5 into the number that don't and we heard previously, I  
 6 think from the toxicologist that it may be as low as  
 7 30 per cent that smell it?  
 8 **A. Yes, it is a very variable phenomenon.**  
 9 Q. You sent various samples, and I have quoted one from the  
 10 stomach and three from the small intestine, but a whole  
 11 range of samples which you can see set out with their  
 12 exhibit references to the police?  
 13 **A. Yes.**  
 14 Q. And many of those went off for toxicological tests as  
 15 you are aware?  
 16 **A. Yes.**  
 17 Q. That toxicology testing took place in the context of  
 18 a police investigation?  
 19 **A. Yes.**  
 20 Q. And indeed, a coronial investigation?  
 21 **A. Yes.**  
 22 Q. And then, again a renewed, if I can call it that,  
 23 coronial investigation, more recently, as the new  
 24 coroner came into place, more recently?  
 25 **A. Yes.**

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1 Q. You are aware, I think, of the conclusions of those  
 2 tests as, I understand it?  
 3 **A. Yes, indeed, I sat in on a number of meetings when there**  
 4 **was discussion as to the range and extent of analysis**  
 5 **that was to take place and which specific disciplines**  
 6 **may further assist our analysis.**  
 7 **I have to say it is one of the most exhaustive**  
 8 **toxicological analyses I have dealt with in criminal or**  
 9 **potential criminal cases.**  
 10 Q. You, from a pathological perspective, have a view about  
 11 whether or not what signs you might find associated with  
 12 chronic poisoning?  
 13 **A. Yes.**  
 14 Q. What kind of things do you associate with that?  
 15 **A. Quite a wide range. One may look for unusual patterns**  
 16 **of hair loss, abnormalities of the fingernails,**  
 17 **sometimes discolouration of the gums, any signs of ill**  
 18 **health; and that, perhaps, is also where one goes back**  
 19 **to the medical history, has there been, for example, any**  
 20 **recent history of nausea and vomiting or diarrhoea,**  
 21 **which is not obviously explained by stomach bug and food**  
 22 **poisoning and the like.**  
 23 Q. That, indeed, was the evidence given also by the  
 24 toxicologists and physicians who said that it seemed to  
 25 be evidence of cumulative poisons because you would not

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1 expect, for example, a man to be able to go out for  
 2 a run, having --  
 3 **A. Again, there is the context, if someone is unwell, do**  
 4 **they really it want to go for a jog?**  
 5 Q. Cyanide is one example which we have discussed, there  
 6 are other poisons, it seems, such as organophosphates or  
 7 azides, which could conceivably be used, but which have  
 8 a window of testing which is now closed?  
 9 **A. Yes, of much of what you say there is within the**  
 10 **province of the forensic toxicologists as to their yield**  
 11 **after a certain period of time.**  
 12 Q. Well, I was going to ask you, you obviously have dealt  
 13 with cyanide, you were asked to deal with cyanide and  
 14 that has certain pathological characteristics, you  
 15 identified from the smell, to the physical signs.  
 16 In terms of post mortem findings, can you assist, on  
 17 other toxicological findings of, for example, that you  
 18 might associate with azide poisoning, or organophosphate  
 19 poisoning, not the in life symptoms but the death?  
 20 **A. Often the actual pathological findings can be quite**  
 21 **non-specific. Of course, it partly depends on whether**  
 22 **it is inhaled as a gas or ingested as a solid; so in**  
 23 **that context, you might see inflammation of airways,**  
 24 **pulmonary oedema to bring it back into the equation, you**  
 25 **might see inflammation of the stomach.**

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1 **But often the signs are not desperately specific,**  
 2 **and so is that why we rely on negative findings of the**  
 3 **post mortem, and place that into context with the**  
 4 **findings of the toxicologist. That is what we must do,**  
 5 **that is the diagnostic triage that we follow.**  
 6 Q. If one starts to look at your conclusions, based on your  
 7 examination, you found no evidence of third party  
 8 assault?  
 9 **A. No.**  
 10 Q. No evidence of deliberate self-harm?  
 11 **A. No.**  
 12 Q. Of any kind. No natural deceases, macroscopically or  
 13 microscopically?  
 14 **A. Yes, I think that is perhaps an important factor that**  
 15 **has not been mentioned. In addition to examining the**  
 16 **naked eye, I also looked at the tissues microscopically.**  
 17 **There can be some conditions that are not obvious by**  
 18 **naked eye examination, perhaps most specifically they**  
 19 **are in the heart, and the heart has been comprehensively**  
 20 **dealt with by Professor Sheppard's analysis which would**  
 21 **again be both naked eye and microscopic in nature.**  
 22 Q. No pathological signs of substance misuse?  
 23 **A. No, and I am thinking are there features to suggest he**  
 24 **was regularly injecting himself, are there any**  
 25 **complications of injection sites, and the answer is no.**

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<p>1 Q. And as you have acknowledged, the toxicology and other 2 investigations that were performed alongside yours were 3 exhaustive, as far as one can see? 4 <b>A. In my opinion, yes, and I have been on the Home Office 5 register for 15 years now. On average, I undertake 80 6 to 90 cases a year, some of those will be alleged 7 poisons, this is the most extensive toxicology I have 8 been involved with.</b> 9 Q. You are probably aware that the other experts, in 10 particular, the physicians and toxicologists and 11 cardiologists have expressed a view about Sudden 12 Arrhythmic Death Syndrome, or Sudden Adult Death 13 Syndrome? 14 <b>A. Yes.</b> 15 Q. The possibility that Mr Perepilichny could have died 16 from a cardiac arrhythmia, which has not left any 17 pathological signs -- 18 <b>A. -- nor would it. They do not leave signs, yes.</b> 19 Q. And, as we understand it, that is what is called, termed 20 "a diagnosis of exclusion"? 21 <b>A. Yes. For sudden adult syndrome it is by definition 22 a diagnosis of exclusion. It requires a full external 23 and internal examination, exclusion of injury, exclusion 24 of natural disease, exclusions of toxicological causes, 25 and an in-depth study of the heart, both by naked eye</b></p> <p style="text-align: center;">Page 161</p>	<p>1 <b>undiagnosed brain tumours, not present.</b> 2 <b>In terms of the lungs, the commonest cause for 3 a really sudden collapse would be a pulmonary embolism, 4 a clot on the lung. Again, something we rarely go 5 a week without seeing. It would be a very 6 straightforward diagnosis.</b> 7 <b>Next, we then move to the heart, and to reiterate, 8 that has been comprehensively investigated.</b> 9 Q. There was some discussion, for example, with 10 Dr Sheppard, Professor Sheppard about epilepsy? 11 <b>A. Yes.</b> 12 Q. That again may not leave any pathological sign? 13 <b>A. No, that is true. Again, you may look for any 14 supportive evidence, so has that gentleman been 15 complaining of any seizures, any fitting periods, had he 16 been feeling unwell. In the same way that for Sudden 17 Adult Death Syndrome, if you go back and ask families, 18 you may find that individual has either complained of 19 shortness of breath or were dizzy, or indeed there is 20 a family history of sudden collapses at a young age, so 21 the context is relevant.</b> 22 <b>There is certainly nothing, either pathologically or 23 clinically to support epilepsy, but epilepsy is another 24 one of those conditions that can cause sudden death with 25 no findings, although I would suggest cardiac is a more</b></p> <p style="text-align: center;">Page 163</p>
<p>1 <b>and microscopic examination.</b> 2 <b>If all of those various investigations return no 3 positive findings then in cases such as this, we would 4 apply the term "Sudden Adult Death Syndrome".</b> 5 Q. Do you agree, then, that in this case there are two 6 potential causes of death: one would be poisoning, if 7 one posits that some of the poisons which could 8 conceivably have been associated with a sudden death of 9 this type cannot now be excluded? 10 <b>A. Yes.</b> 11 Q. Or a cardiac arrhythmia of natural origin? 12 <b>A. Yes.</b> 13 Q. Is there anything else, in your view, as a pathologist, 14 that is, that could be causative? 15 <b>A. Well, if one takes a step back, again, and thinks of the 16 context of this gentleman, my understanding is he was 17 out running and he collapsed.</b> 18 <b>If you are going to collapse from natural causes 19 suddenly, generally speaking, you will find the cause in 20 the brain, the lungs or the heart.</b> 21 <b>In terms of brain, bleeding in the brain from 22 an aneurysm, a natural weakening of a blood vessel, that 23 would have been plainly obvious to a pathologist of 24 Dr Ratcliffe's experience, it is something we do see in 25 relatively young adults on a regular basis. Also</b></p> <p style="text-align: center;">Page 162</p>	<p>1 <b>likely origin for sudden unexpected deaths.</b> 2 Q. Are there any others beyond cardiac origin and epilepsy 3 that are obvious potential candidates from your 4 perspective? 5 <b>A. I think not realistically, if one conducts 6 an appropriate naked eye and microscopic examination, 7 no.</b> 8 Q. Is it correct then, that you, when it comes to the 9 toxicology, you rely on and defer to the experts in 10 their particular field in terms of excluding particular 11 poisons? 12 <b>A. Well, yes. I await their findings. I need to know from 13 their findings whether any substances identified are 14 within a range that is associated with previous 15 fatalities; and actually then it is for the pathologist 16 to slot the toxicology in, into the context of that 17 case, and decide whether to ascribe the cause to that 18 poison. So yes, it is an important thing that we need 19 but it is to place alongside the pathology.</b> 20 Q. If the toxicology evidence in this case had come back 21 saying we have found traces of cyanide? 22 <b>A. Yes.</b> 23 Q. In the blood? 24 <b>A. Yes.</b> 25 Q. What would your conclusion have been about the likely</p> <p style="text-align: center;">Page 164</p>

1 cause of death?  
 2 **A. Well, the first thing I would ask would be is the**  
 3 **cyanide at a level sufficient to cause death, based on**  
 4 **databases of previous fatalities with cyanide. If they**  
 5 **were, and there were no other findings, as is the case,**  
 6 **then I would place, one, a cyanide intoxication**  
 7 **indication as the cause.**  
 8 Q. Does that same analysis apply to the other poisons such  
 9 as an azide, organophosphate?  
 10 **A. If that one follows that procedure, each and every one**  
 11 **of those, yes.**  
 12 Q. If they were found and that is at a level associated  
 13 with fatal toxicity?  
 14 **A. And there is no other competing cause of death.**  
 15 Q. And in each of those instances, you have, by the very  
 16 fact that you have found a potential cause of death, you  
 17 cannot find SADS as a cause of death because it is  
 18 a diagnosis of exclusion?  
 19 **A. By definition.**  
 20 **What you may do, and it is just worth adding this,**  
 21 **is we frequently submit a small sample of spleen, which**  
 22 **may be useful for genetic material. On some but by no**  
 23 **means all cases you may find a genetic mutation that**  
 24 **indicates one of the wide variety of conditions that can**  
 25 **be associated with Sudden Adult Death Syndrome. I don't**

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1 **know if Professor Sheppard has given her evidence.**  
 2 Q. Professor Sheppard has but also, perhaps, more  
 3 pertinently, Dr Homfray, who commissioned the report  
 4 from Dr Henchcliffe, which did precisely that in  
 5 relation to the spleen?  
 6 **A. So they will have highlighted that Sudden Adult Death**  
 7 **Syndrome embraces quite a range of different conditions,**  
 8 **all of which are united in causing fatal cardiac**  
 9 **arrhythmia.**  
 10 Q. Yes. And just for clarification, I think the view from  
 11 the genetic side and from the cardiac specialists was  
 12 that you were still only expecting to find a minority of  
 13 positive genetic markers?  
 14 **A. Yes, that is true.**  
 15 Q. Turning back to the issue of toxicology, in  
 16 circumstances where you are faced with a positive  
 17 finding from a toxicologist, that is something which you  
 18 as a scientist are going to rely upon in precedence to  
 19 the circumstantial evidence, one presumes?  
 20 **A. It is for me to consider the toxicological evidence with**  
 21 **the totality of the evidence before me, yes.**  
 22 Q. In terms of weighing up the circumstantial evidence, I  
 23 think you answered a question both from me and from the  
 24 learned coroner that effectively that is a matter of  
 25 fact, not science, if I paraphrase, and therefore

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1 a matter in a case such as this for the court to  
 2 determine?  
 3 **A. Yes.**  
 4 Q. In circumstances where the coroner determines, as  
 5 a matter of fact, that Mr Perepilichny was not  
 6 poisoned, do you, can you, as a pathologist accept that  
 7 finding and, if so, what is the corollary of that, for  
 8 the cause of death?  
 9 **A. If no -- if there is no positive toxicological evidence**  
 10 **that can be relied upon that explains the death, then**  
 11 **I must -- and there is no evidence of poisoning, I must**  
 12 **revisit my cause of death; and perhaps, if I can put it**  
 13 **this way, if I was presented with a gentleman of**  
 14 **44 years of age who collapsed whilst out, running in**  
 15 **whom those tests had been performed, and in whom there**  
 16 **was no toxicological evidence of poisoning, I would**  
 17 **attribute the death to Sudden Adult Death Syndrome.**  
 18 Q. Just to ensure I fully understand this, you will  
 19 appreciate it is a very important issue --  
 20 **A. I understand.**  
 21 Q. If you -- you rely on the science and the investigations  
 22 which have been conducted by your fellow experts. If  
 23 nothing positive comes back, then you rely -- your  
 24 default position is going to be a diagnosis of  
 25 exclusion, ie SADS?

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1 **A. Yes.**  
 2 Q. Unless a finding is made as to the circumstantial  
 3 evidence which militates against that diagnosis?  
 4 **A. Yes, and that was the rationale behind my placing the**  
 5 **cause of death as unascertained, rather than Sudden**  
 6 **Adult Death Syndrome -- sorry.**  
 7 THE CORONER: No, you go on.  
 8 MR SKELTON: You go on, it is important.  
 9 **A. One never wants to leave the family, in the absence of**  
 10 **decomposition, for example, with an unascertained cause**  
 11 **of death, it is most unsatisfactory for them.**  
 12 **So I think most pathologists, these days, if they**  
 13 **had gone through that diagnostic triage would place**  
 14 **Sudden Adult Death Syndrome as the cause, I have no**  
 15 **hesitation.**  
 16 Q. Again, just to be clear, you, I think used the phrase  
 17 "serious concerns", there were serious concerns raised  
 18 about this death?  
 19 **A. Yes.**  
 20 Q. And indeed that is why it is suspicious and the  
 21 background was Mr Perepilichny was alleged to have been  
 22 involved in a whistleblowing in respect of a criminal  
 23 fraud which may have motivated those perpetrators to  
 24 have killed him?  
 25 **A. Yes, quite.**

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1 Q. That is sufficient for you to say, well, that is  
 2 a serious concern, that is why the police want me to  
 3 investigate and now we are trying to exclude how it  
 4 might be done?  
 5 **A. Yes.**  
 6 Q. If the coroner takes the view that having heard the  
 7 totality of that, having addressed that issue head on in  
 8 the inquest, heard the totality of the evidence  
 9 presented to him, and takes the view that poisoning did  
 10 not occur, then absent a positive finding from the  
 11 toxicologists, the position is Sudden Adult Death  
 12 Syndrome?  
 13 **A. Yes.**  
 14 MR SKELTON: Thank you.  
 15 Questions from MR MOXON BROWNE  
 16 MR MOXON BROWNE: Dr Fegan-Earl, am I correct that dilation  
 17 of the pupils happens at death?  
 18 **A. Yes.**  
 19 Q. Can you just explain how that, when that happens and  
 20 how, what is the physical process by which that happens?  
 21 **A. Well, as we are standing here, we are being subjected to**  
 22 **various levels of light. To see properly we need to**  
 23 **open up our pupils to allow more light in, if, for**  
 24 **example, I am looking beneath the stand but in bright**  
 25 **sun light we need less light, that is controlled, by**

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1 **muscles, by nervous impulses going to and fro the brain.**  
 2 **And so, once death occurs, those natural reflections and**  
 3 **what are called autonomic processes cease, and so yes,**  
 4 **the eyes may dilate.**  
 5 Q. It is simultaneous with death?  
 6 **A. Yes.**  
 7 Q. Yes. You obviously often are investigating deaths  
 8 associated with heroin and morphine intake?  
 9 **A. Yes.**  
 10 Q. Classically, myosis is a symptom?  
 11 **A. Yes.**  
 12 Q. But you are always looking at dilated pupils and --  
 13 **A. -- yes, it is not something I would rely on for heroin**  
 14 **intoxication.**  
 15 Q. No, so it is non-specific, is that right?  
 16 **A. Yes, non-specific.**  
 17 Q. Am I right that evacuation of the bowels is a very  
 18 common terminal event?  
 19 **A. Yes, you may see it. Not always, but it is -- it would**  
 20 **not surprise me if I went into a mortuary and I saw such**  
 21 **in a body, from bodies who have died from all manner of**  
 22 **different causes.**  
 23 Q. Simply, as a result of death, rather than as a result of  
 24 any particular --  
 25 **A. -- yes, yes, as a result of death, yes. So irrespective**

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1 **of the causes, you see it.**  
 2 Q. Yes. Is that invariable?  
 3 **A. Not invariable, but common.**  
 4 Q. Does the same apply to bladder?  
 5 **A. Yes.**  
 6 Q. Yes. So again, if the evidence of such evacuation would  
 7 be non-specific?  
 8 **A. Correct.**  
 9 Q. Is there, in fact, in this case, any evidence that you  
 10 are aware of relating to that particular matter?  
 11 **A. Not that I am aware of. You may get much better**  
 12 **information from, for example, paramedics first on**  
 13 **scene.**  
 14 Q. Yes?  
 15 **A. Or indeed the condition of the body on admission to the**  
 16 **mortuary, because following the first examination, the**  
 17 **body out of respect would be properly cleaned prior to**  
 18 **the --**  
 19 Q. -- I just wanted to pursue it a little bit, from your  
 20 experience as a pathologist, would a cleaning process  
 21 take place probably before a standard autopsy, so that  
 22 any such evidence would go before the standard autopsy  
 23 was --  
 24 **A. Probably not immediately so, because usually the**  
 25 **pathologist would be present when the body is opened and**

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1 **one may therefore make that as a finding prior to --**  
 2 Q. Sorry?  
 3 **A. Prior to the body being washed by the mortuary**  
 4 **technician.**  
 5 Q. I am thinking of Dr Ratcliffe's examination, is it  
 6 likely that the body would have been cleaned before  
 7 he --  
 8 **A. It may have, yes. Certainly if one goes back four**  
 9 **years. Practices have changed little, so yes.**  
 10 Q. So again, we there isn't any evidence and why there  
 11 isn't is not something you can answer?  
 12 **A. Correct.**  
 13 MR MOXON BROWNE: Thank you.  
 14 Can I invite you to consider, so far as the  
 15 completeness of the toxicology is concerned, looking at  
 16 toxicology in the wider context, were you aware that as  
 17 we speak, the evidence as to what Mr Perepilichny had  
 18 for his last meal is in a state of, well, nobody really  
 19 knows, did you know that?  
 20 **A. Sorry, that it is still undergoing analysis, or?**  
 21 Q. I am saying as we stand here today because I understand  
 22 some work is being done, but as we stand here today,  
 23 some five years after Mr Perepilichny's death, I will  
 24 be corrected --  
 25 THE CORONER: We have got some evidence about it, haven't

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1 we.  
 2 MR MOXON BROWNE: There is some evidence from  
 3 Mr Perepilichny.  
 4 THE CORONER: I am just worried if he starts to have  
 5 an engage in resolving questions about what the lunch  
 6 was. What is the question?  
 7 MR MOXON BROWNE: The question is, in saying this was a very  
 8 thorough toxicological investigation, you were aware  
 9 that there remains some doubt as to the rather basic  
 10 question of what Mr Perepilichny had for lunch?  
 11 **A. That is an important factor. I am aware of the**  
 12 **botanical toxicological issues that are ongoing and I am**  
 13 **aware they can take some time to resolve because I have**  
 14 **certainly had a murder case of aconite poisoning that**  
 15 **was resolved by Kew Gardens and it takes time. It is**  
 16 **unusual.**  
 17 Q. Could you go, please, to your joint report with  
 18 Dr Ratcliffe and I've got it in the third of core  
 19 medical bundles at page 875?  
 20 **A. 875?**  
 21 Q. 875.  
 22 **A. Yes, thank you. Sorry, we are there.**  
 23 Q. Have you found that?  
 24 **A. Yes, thank you.**  
 25 Q. Would you look at your conclusions stated at

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1 paragraph 48, and just read it to yourself, if you  
 2 would?  
 3 **A. Thank you.**  
 4 Q. Have you done so?  
 5 **A. Yes, thank you.**  
 6 Q. Do you stand by what you say there and agree with  
 7 Dr Ratcliffe?  
 8 **A. Yes, I have to, yes.**  
 9 Q. When you say you have to --  
 10 **A. -- yes, because we wrote this statement together. There**  
 11 **are factors that I cannot further confirm or refute, and**  
 12 **so, yes, as it stands today, unless I was directed that**  
 13 **there was no evidence of poisoning, then the cause of**  
 14 **death is, in my opinion, unascertained and best left**  
 15 **that way.**  
 16 Q. And I am invited by those with greater experience of  
 17 this jurisdiction than I have to ask you to read into  
 18 the record the passage starting: "If this death,"  
 19 through to "unascertained"?  
 20 **A. Yes:**  
 21 **"If this death had occurred in a 44-year old man**  
 22 **with no circumstantial history to raise concerns, then**  
 23 **it would have been attributed to Sudden Adult Death**  
 24 **Syndrome.**  
 25 **"Since there are concerns raised that he may have**

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1 **been the victim of poisoning, and that poisoning might**  
 2 **be obscure, the only right and proper conclusion that**  
 3 **can be posited is that the cause of death is**  
 4 **unascertained."**  
 5 MR MOXON BROWNE: Thank you very much.  
 6 Questions from MS HILL  
 7 MS HILL: Dr Fegan-Earl, just a few points of detail for me,  
 8 if I may. Can I ask you to turn up, please,  
 9 paragraph 32 of the joint report.  
 10 Is this right, at paragraph 32 of the joint report,  
 11 on page 872, you make the point there that some needles  
 12 are very fine and it can be notoriously difficult, if  
 13 not impossible, to identify the marks produced by them,  
 14 is that right?  
 15 **A. Yes.**  
 16 Q. So even with the testing and examinations that you  
 17 carried out, there are some needle points that it is  
 18 very difficult to identify?  
 19 **A. Yes, that certainly refers to external evidence of**  
 20 **puncture wounds.**  
 21 **Generally speaking, for a poison to take effect or**  
 22 **to take effect quickly, one would expect to see it, one**  
 23 **would expect it to gain access to the circulation, so**  
 24 **the other point that one looks for is bleeding beneath**  
 25 **the skin if it has, indeed, struck a vein.**

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1 Q. Yes.  
 2 Can I ask you, please, to turn back to question 11  
 3 and your answer there at page 868.  
 4 You give your joint opinion there, I think, do you,  
 5 having now been made aware of the history in relation to  
 6 the stomach contents, you say it is impossible to state  
 7 definitively whether or not traces of any substances  
 8 present in the stomach contents could have been lost,  
 9 given that the stomach had already been opened and you  
 10 stand by that?  
 11 **A. Yes, I do.**  
 12 THE CORONER: Sorry, just tell me again, what paragraph is  
 13 that?  
 14 MS HILL: Paragraph 11, sir. It is page 868, so the point  
 15 is this, is it, that you cannot say now definitively  
 16 whether the tipping away of the stomach contents may  
 17 have involved the tipping away of some substances?  
 18 **A. If there had been suspicion of obscure poisoning, then**  
 19 **as a counsel of perfection, the entire stomach contents**  
 20 **would have been removed and submitted for toxicological**  
 21 **analysis. The results of that analysis would then have**  
 22 **to be taken into account with the more general**  
 23 **toxicological findings, in particular, the findings of**  
 24 **analysis of the blood.**  
 25 Q. But the point is that in this case, those ideal

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<p>1 conditions, I think, by everybody's agreement were not 2 present at the outset, so in this case --</p> <p>3 <b>A. No, that is true, but similarly poisons that work via 4 swallowing work by the toxin being absorbed into the 5 bloodstream. So we have a back up if you like, it may 6 be present in the stomach, but for it to have an effect, 7 you generally would expect to see it in the blood.</b></p> <p>8 Q. But as far as the stomach is concerned, you stand by 9 what you say in paragraph 11?</p> <p>10 <b>A. Yes, I do.</b></p> <p>11 Q. And just for completeness, is this right, at various 12 points in your own reports, you have given your 13 definition of how the Sudden Adult Death Syndrome 14 classification applies; and is this right, at page 149, 15 please, of your own earlier reports. So it is page 149, 16 I think you have that in front of you, I think it is the 17 same bundle actually.</p> <p>18 <b>A. Is it? These are 700s. Excuse me.</b></p> <p>19 Q. Sorry, you have got your own one. It is the hearing 20 bundle, I think, with your earlier reports in. It is 21 the expert's hearing bundle?</p> <p>22 <b>A. I am there, thank you.</b></p> <p>23 Q. Yes, thank you. It is page 149 of that?</p> <p>24 <b>A. Yes.</b></p> <p>25 Q. You made clear at paragraph 19 of your earlier report,</p> <p style="text-align: center;">Page 177</p>	<p>1 toxicology evidence is concerned, the possibility of 2 certain poisons cannot be eliminated by the joint 3 toxicology report?</p> <p>4 <b>A. That is for the toxicologist to speak to but if they 5 cannot present binding evidence to me of toxins within 6 fatal ranges, then that is as far as I can take matters.</b></p> <p>7 Q. But you defer to them as to their expertise insofar as 8 the toxicology matters are concerned?</p> <p>9 <b>A. I defer to their expertise but the cause of death should 10 be given by a pathologist who takes account of the 11 entirety of the investigations.</b></p> <p>12 Q. I think your evidence has been doctor, am I right, that 13 you do understand that there are still some 14 uncertainties of the sort you referred to in this 15 report?</p> <p>16 <b>A. Yes, in a sense that is a matter for the court to 17 confirm but if that is the case, I stand by my 18 conclusions, in particular with regard to the cause of 19 death being given as unascertained.</b></p> <p>20 MS HILL: Thank you.</p> <p>21 Questions from MS BARTON</p> <p>22 MS BARTON: Dr Fegan-Earl, can I just clarify that answer in 23 the light of what you said a few moments ago. 24 Sudden adult death is a diagnosis of exclusion?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: center;">Page 179</p>
<p>1 that the diagnosis of Sudden Adult Death Syndrome is one 2 of complete exclusion?</p> <p>3 <b>A. Yes.</b></p> <p>4 Q. And you have repeated that phrase, I think, elsewhere in 5 your evidence and most recently I think can we look, 6 please, at page 626 your most recent report, and you 7 give, beginning on page 626?</p> <p>8 <b>A. Sorry. Yes, thank you.</b></p> <p>9 Q. The final conclusions that you reached on the evidence 10 that you had available to you at that time, you have set 11 out there the logic by which, at the end of page 627, 12 you came to the view that, due to the persistent 13 uncertainties regarding toxicological analysis and in 14 an individual potentially seen as being at risk of being 15 poisoned, the cause of death must remain unascertained?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. Have you been following the toxicology evidence?</p> <p>18 <b>A. As far as I can, yes. I have been presented with all of 19 the toxicological evidence to date, as I understand 20 matters, there is further work ongoing regarding 21 gelsemium.</b></p> <p>22 Q. And certainly that remains one element of the continuing 23 uncertainty as far as you understand it?</p> <p>24 <b>A. Yes.</b></p> <p>25 Q. And you understand, do you, that as far as the</p> <p style="text-align: center;">Page 178</p>	<p>1 Q. But the fact that there have been in the past numerous 2 diagnoses of sudden adult deaths, without the sort of 3 extensive testing that we have had in this case, must 4 mean that it is practical exclusion not total 5 theoretical exclusion, that must be right?</p> <p>6 <b>A. Yes, it is a fair point. It is how far does one go, 7 yes, I agree. The general toxicology screens look for 8 common prescription medicines and common drugs of misuse 9 but certainly not for things such as organophosphates 10 and or botanical toxins that have been considered.</b></p> <p>11 Q. What we know in this case is that in your experience, 12 and it is an extensive experience, these tests have been 13 the most exhaustive that you have seen?</p> <p>14 <b>A. Yes, they have been.</b></p> <p>15 Q. And the position, as of today, is that there is no 16 positive evidence of toxins at all, still less positive 17 evidence of toxins at a fatal level?</p> <p>18 <b>A. That is my current understanding, yes.</b></p> <p>19 Q. That being the case, is that why you say that if that 20 remains the case, that the proper finding that would be 21 open to the coroner is that it is sudden adult death?</p> <p>22 <b>A. Yes. Some of those matters I can directly deal with and 23 others are matters for this court.</b></p> <p>24 Q. Yes?</p> <p>25 <b>A. I cannot definitively say whether there is evidence of</b></p> <p style="text-align: center;">Page 180</p>

1 **poisoning or not, but what I can say is, if there is no**  
 2 **scientific evidence of poisoning, and the court decides**  
 3 **there is no other evidence of poisoning, then the cause**  
 4 **of death could be posited as Sudden Adult Death Syndrome**  
 5 **by virtue of exclusion.**  
 6 Q. And from a scientific level, you are looking for  
 7 positive findings at a fatal level?  
 8 **A. Yes.**  
 9 MS BARTON: Thank you.  
 10 MR SKELTON: Sir, no further questions from anyone else.  
 11 THE CORONER: Good. All right, thank you very much indeed.  
 12 Thank you.  
 13 **A. I am grateful, sir. Thank you.**  
 14 THE CORONER: Now, we are off till Friday, aren't we?  
 15 MR SKELTON: We are, sir.  
 16 THE CORONER: And we will obviously give thought to what --  
 17 I mean I know there have been various suggestions but we  
 18 will obviously give thought to what we are actually  
 19 going to be doing on Friday and alert everybody as soon  
 20 as we can.  
 21 MR SKELTON: Yes, some things we do know, sir, and that is  
 22 that Mr Gherson will be giving evidence.  
 23 THE CORONER: Right.  
 24 MR SKELTON: And DS Drinkwater, on the video-link.  
 25 THE CORONER: Yes.

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1 MR SKELTON: Is that is organised. I don't know if Mr Suter  
 2 has been busy contacting people by email as to whether  
 3 or not they would like to make any further submissions  
 4 to you in writing as to additional steps, beyond those  
 5 that have already been adverted to, which ought to be  
 6 conducted and completed before you receive final  
 7 submissions.  
 8 THE CORONER: Yes. Quite.  
 9 MR SKELTON: I understand that that communication has been  
 10 made to the lawyers. Obviously, I cannot quote  
 11 precisely what it says.  
 12 THE CORONER: No.  
 13 MR SKELTON: But I think the basic impetus is that  
 14 submissions should be received on any outstanding  
 15 matters that are not in train; for example, the DNA and  
 16 ILORs by 12.00 pm tomorrow, so they can be considered by  
 17 you and your team and addressed, as necessary, on  
 18 Friday, by you.  
 19 THE CORONER: Yes.  
 20 Assuming if I were to accede to them and they could  
 21 be dealt with on Friday, and it might be that there may  
 22 be some things, the ILORs for one example, of the  
 23 chances of those being sorted out by Friday is probably  
 24 slim, isn't it.  
 25 MR SKELTON: Yes, it is.

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1 THE CORONER: But anyway, the letter has gone. Good, all  
 2 right. So Friday at 10.00.  
 3 MR MOXON BROWNE: Sir, could I just raise a couple of  
 4 matters?  
 5 THE CORONER: Yes.  
 6 MR MOXON BROWNE: You are aware, and no doubt I will hear  
 7 from your counsel and perhaps from Mr Suter, that we  
 8 have in the pipeline, as it were, yet another request  
 9 for you to consider the position about telephony in the  
 10 light of Mr Pollard's evidence. You said that was  
 11 a matter you would consider.  
 12 THE CORONER: Yes, I said I would.  
 13 MR MOXON BROWNE: I am not suggesting you haven't considered  
 14 it.  
 15 THE CORONER: No, no. Well, I have looked at your -- I mean  
 16 I have looked at it, I have not come to a view about it  
 17 but I've got it and it is on my list.  
 18 MR MOXON BROWNE: Thank you, that is what I just wanted to  
 19 ascertain.  
 20 The other thing is just from a personal,  
 21 professional point of view whether at the moment you are  
 22 able to give any indication of your perception of when  
 23 we might be doing final submissions -- I mean, are we  
 24 talking weeks away, or months?  
 25 THE CORONER: No, I don't think I can do that but once we

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1 have got in, hopefully by 12.00 tomorrow, anything that  
 2 anybody suggests is still to be pursued, I obviously  
 3 have my own views about that but I will be helped by  
 4 seeing what anybody says, I think it is going to be  
 5 impossible to say until I have seen those suggestions,  
 6 taken a view about them and then found out.  
 7 I mean, I understand all the urgency and Mr Beggs,  
 8 you have put it very persuasively, I have that very much  
 9 in mind. But I do not think beyond, well, the starting  
 10 point is going to be 12.00 tomorrow when I see what the  
 11 suggestions are.  
 12 MR BEGGS: Thank you very much.  
 13 MR SKELTON: Sir, for what it is worth, my view on that must  
 14 be that it has to be right that we have to await Kew,  
 15 for example, and Professor Simmonds, although pressed  
 16 yesterday, was not exactly giving a full response on  
 17 when the final answer was going to be given to that DNA.  
 18 And likewise, the ILORs, there are two outstanding,  
 19 one; the French request, which one may be reasonable  
 20 confident one is going receive a response to but not  
 21 necessarily in the next few weeks, and the Russian one,  
 22 I think a view is going to have to be taken on  
 23 submissions, possibly from the interested persons and,  
 24 indeed, from me as to the cut off point from which it is  
 25 simply inappropriate to wait.

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1 THE CORONER: I think as I thought, I think you will find  
2 that the letter that went, I haven't actually seen the  
3 letter, you may have done, but I think it does include  
4 a request that some indication is given of how long  
5 anybody suggests in respect of a particular matter that  
6 is to be pursued; so, for example, outstanding letters  
7 of request, how long anybody suggests we should wait  
8 for, so I shall just await those and we can take a view.  
9 Good.  
10 MR SKELTON: Thank you.  
11 THE CORONER: All right, thank you all very much indeed.  
12 10.00, Friday.  
13 MR SKELTON: Yes, sir.  
14 (4.10 pm)  
15 (The Inquest adjourned until 10.00am on Friday, 23 June  
16 2017)  
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