



# Record of Inquest

Following an investigation commenced on the 5th day of June 2008

And Inquest opened on the 5th day of June 2008;

At an inquest hearing at Southwark Coroner's Court on the 24th day of September 2014 heard before Dr. Andrew Harris Senior Coroner in the coroner's area for London (Inner South), and the undermentioned jurors, the following findings and determinations were made:

1. Name of Deceased (if known)

**Arsema DAWIT**

2. Medical cause of death

la **Haemorrhage**

b **Multiple stab wounds to the neck**

c

ll

3. How, when and where, and for investigations where section 5(2) of the Coroners and Justice Act 2009 applies, in what circumstances the deceased came by his or her death

*See attached.*

4. Conclusion of the Jury as to the death

*unlawful killing*

5. Further particulars required by the Births and Death Registration Act 1953 to be registered concerning the death

|                                                                                                                                                                              |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (a) Date and place of birth<br><b>30 May 1993</b> <b>Eritrea, Africa</b>                                                                                                     |                                                      |
| (b) Name and Surname of deceased<br><b>Arsema DAWIT</b>                                                                                                                      |                                                      |
| (c) Sex<br><b>Female</b>                                                                                                                                                     | (d) Maiden surname of woman who has married<br>----- |
| (e) Date and place of death<br><b>Second June 2008</b><br><b>Ground Floor, Matheson Lang Gardens, London</b>                                                                 |                                                      |
| (f) Occupation and usual address<br><b>Daughter of Dawit Haile, Army and Tsehaynesh Medihani, Housewife</b><br><br><b>Flat 16 Matheson Lang Gardens, Baylis Road, London</b> |                                                      |

Signature of Senior Coroner

Dr. Andrew Harris

Circumstances leading to the death of Arsenia Saint

The deceased suffered fatal stab wounds between 15:32 and 15:39 on 2.6.08 in the lift situated on the ground floor of Matheson Lang Gardens, Baylis Rd.

The paramedical intervention she received was rapid and appropriate but she was pronounced dead at 16:09 on the same day.

The deceased had been friends with Thomas Nugegese for two years before her death. This friendship was known to her friends + family. Her death follows the report the family made to the police on 30.4.08 in which they reported several incidents relating to the deceased. This ~~was~~ report was recorded on the CRIS system, the limitations of the CRIS report enabled several assumptions to be made. The principal offence was recorded as ABH and the investigation followed this line of inquiry. Had the principal offence been recorded and verified as a threat to kill, a risk assessment would have been carried out, which would have recognised and prioritised the threat to kill, as urgent. The subsequent police investigation of ABH was inadequate for a threat to kill.

The police investigation was insufficient and not carried out in a timely manner. There were insufficient measures taken in trying to communicate with the family as interpretation was required and the family have now not visited. The time taken to establish contact with the deceased was inadequate and when contact was made, it was carried out in an inappropriate environment.

There is no evidence of the family contacting the police during

the month of May, after the initial report.

There was minimal supervision of this case as it had been given a lower priority and the case was hampered by the denials of the deceased that a report had ever been made.