# HOAX CALLERS AND TIMEWASTERS

Regular callers are known as ‘frequent flyers’.

Don’t get me wrong, some people call us often because they need us often - they have genuine problems. But a few are just timewasters, draining the resources of the NHS by calling us just because they can.

They are dangerous people who cost lives, and there’s not a damn thing we can do about it.

One old guy on my patch - I’m talking a man in his early 60s, at an age where he really should know better - calls 999 almost every other day. He has it down to a fine art: he knows when our shifts change and he times his call to coincide exactly with crew turnarounds, ensuring a speedy response and a fresh face or two. He rings for chest pain that he doesn’t really have, abdominal problems that don’t exist and various other complaints that he knows will guarantee him an emergency response. Partly, he likes the attention, partly he just likes to get a free ride down to the hospital where he’s guaranteed more attention and a free lunch (or breakfast, or dinner). Some weeks, he’ll have a car and an ambulance outside his home every day; if he visits a friend or goes off on holiday with family members, the calls stop - he never seems to get ill on those days.

I’ve ‘treated’ him many times, and on the last few occasions I’ve lectured him at length about what he is doing. He abuses his right to an ambulance over and over again, and yet nothing is done about it.

A while ago, he called us and I was despatched with my crewmate to his home. He was rude and arrogant, and he insisted on being carried down the stairs (there are no lifts where he lives, and he’s on the third floor). He has no

disability, and there was no medical reason that meant he needed to be carried, so we refused.

'Do you have any idea how many of us suffer with back pain because we have to carry people down stairs,' I said. 'I don't mind it when people can't walk or are seriously ill. But you can and you're not.'

He looked at me. 'But I've got chest pain,' he said. He knows full well we have to carry him if he's got 'chest pain', and so we did.

In the ambulance, I spoke to him once again about ringing 999 just so he can get to hospital and have his breakfast (he gets free sandwiches, and will call in the a.m. for breakfast or the p.m. for lunch). He ignored me, so I stopped talking and we sat in silence all the way to hospital.

We spent almost an hour with him, all told.

Halfway through, another call was broadcast over the radio. It was for an elderly lady 'trapped behind closed doors'. We could have been running to this call immediately, but we didn't get it until we 'greened up' after dropping our frequent flyer off at hospital.

**GREENING UP: When a call is completed and the patient has been taken to hospital, we are required to 'green up'. This means hitting the 'green mobile' button on our systems so that EOC (control) can see that we are available for the next call. We also have a 'green at station' button so that they can call us at the station and 'green away from vehicle' so they can call us on a mobile phone when we're in the loo or buying a sarnie.**

When we got to the trapped woman, she was dying behind her own front door. She had fallen the previous night and had been lying there ever since, her body preventing the door from opening so worried neighbours had been unable to get in to

help her. We forced the door and I pushed my way into her hallway. She was now so weak that she could barely breathe. I gave her oxygen and we got her out as quickly as possible. It was an awkward, messy job, but we managed to get her to hospital within fifteen minutes of arriving.

But it was too late. She was pronounced dead soon afterwards.

We'd lost probably 45 minutes with our friend from earlier on. There's no way of knowing, but I believe that she would have had a chance if we'd got to her earlier. Even ten minutes might have made a difference, so it shouldn't surprise you that I blame that selfish, time-wasting old man for her death. It wasn't long before I was sent out to him again.

He was complaining of breathing difficulties which didn't exist.

'Last time you called me out,' I said, 'you delayed me getting to an old lady who had fallen and hurt herself.'

He looked at me, blankly.

'And you know what?' I said. 'She might not have died if you hadn't delayed us getting to her.'

He just sat there and shrugged his shoulders.

Other, less malicious people call us for what they perceive to be genuine emergencies but which turn out to be nothing of the sort.

I went to a one-month-old baby, *'? Suspended'* - the worst kind of call for me and no doubt for a lot of my colleagues. I really don't want to be holding someone's dead child and explaining to them that I had done the best I could, because that's a rubbish deal.

The call description stated 'not crying' and this was all the information I had when I set off. I called Control and asked them for a little bit more info. In fact, I asked them if I was going to a suspended baby or not. They replied that they were still taking the call so had nothing else to offer yet, except that they were treating this as a Red 1 - suspended.

When I arrived, an ambulance had just pulled up at the address and there was a motorcycle solo paramedic already inside. I felt that this must be a genuine dead baby - why else all the fuss? I went upstairs to the flat and entered the living room. I saw a very emotional mother, a worried relative, the ambulance crew, the solo paramedic and a baby lying on the floor. It was hiccupping.

The more liberal-natured among you may be persuaded that some of these people are simply 'uninitiated', or that their particular emergency is 'a true crisis for them'. Fine, but remember that *you* pay for this (annually, it's costing the tax-payer around £20m) and, more importantly, that one day it might be you or a loved one lying unable to breathe behind a door while we move someone's bed from one end of the room to the other because the *feng shui* isn't right, and the imbalance of *yin* and *yang* is giving them a headache.

It's not as though many people are unaware of the problem nowadays. The press often carry tales of the troublingly stupid calls that are received by the emergency services in this country. Here are a few recent ones:

A 31-year-old woman who dialled 999 because her TV remote control was out of reach.

Another 31-year-old who was worried because she had sniffed deodorant by accident.

A lazy father-to-be who demanded an ambulance for his wife; she was in labour but he couldn't take her to hospital himself because he was waiting for a pizza to be delivered.

A model who called Gloucestershire Ambulance Service when she broke her fingernail, for God's sake.

Some nutter who called the Scottish Ambulance Service to ask for a crew to come out and help wrap up Christmas presents.

My own ambulance service recently issued a press release pointing out that time-wasting calls were potentially costing lives; on the very day it was sent out, we took a call from a 22-

year-old woman who'd squeezed a spot which was now bleeding.

A pensioner told a frontline crew to wait 40 minutes before taking her to hospital because she was baking a cake. The crew gave her a warning and left - only for her to ring back exactly 40 minutes later.

Another phoned for an ambulance because her husband was refusing to listen to her. I wonder why?

The police get a lot of these dumb calls, too. Would you ring 999 to ask if your lost £20 note had been handed in, or to complain that your Chinese takeaway was cold? Or to try to sell the operator a pair of shoes? No. So who does? Ignorant timewasters.

NHS Direct have tried to help by supplying their website visitors with a list of situations which could be called true emergencies. These include unconsciousness, a suspected heart attack and suspected stroke. The trouble is that to a large section of the general public a sleeping drunk is 'unconscious', anyone with stomach ache or heartburn is suffering a suspected heart attack and many don't even understand what a stroke is, never mind diagnosing the possibility that one is occurring. (And on the subject of NHS Direct, calling them for advice is all well and good, but I've still been sent to calls where this has been done and the patient either hasn't been able to get through or has been told, unnecessarily, to call an ambulance anyway).

There's been talk of a new number, a sort of halfway house where you can call the emergency services but they won't have to rush out immediately - like they have in the United States, where you can dial 311 instead of 911 if your problem isn't too pressing. Unfortunately, the UK's telecoms industry regulator Ofcom dismissed the idea as impractical because of the massive and costly changes that it would have entailed. How typically British. Meanwhile, we still get called by people with shampoo in their eyes.

In my area, we do at least now have a screening system for not-really-emergency-calls. It's called Clinical Telephone Advice (CTA), and it's reasonably effective; trouble is, it can't weed out those who know how to play the system and who insist they have 'chest pain' or 'difficulty in breathing'.

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Alongside the selfish and the stupid are the hoaxers. Across the country, almost 1,000 hoax calls are made to the ambulance service every week. Most are made by kids, bored out of their skulls and looking for stimulation and excitement; calling the emergency services ticks that box. You're almost certain not to get caught (though new technology is fast catching up) and you get to see blue flashing lights and hear sirens. As a special treat, you also get to see professional grown-ups scratching their heads and looking around aimlessly.

Some people just want to have a laugh at our expense. I was working on All Fool's Day when I received a call to a *'suicidal female - threatening to jump'*. I arrived with the police and we went to the location given, only to find that the place was a hostel and the staff knew nothing of a 999 call, let alone a potential suicide on the premises. We asked about the possibility of someone making the call from this place. We were told that there were no phones in the rooms, so we suggested that the payphone on the wall could have been used. That was impossible, they said, because nobody had been near it in the past few hours.

When the police got their Control to check the details again, they discovered that the call had originated *outside* of London. The hoax was confirmed when one of the hostel staff pointed out that, although we had a potentially suicidal female, this was an all-male hostel.

Sometimes hoax callers have an even more sinister agenda. A few years ago, a Bristol crew was pelted with stones by a gang of youths who had called 999 claiming a boy had fallen down stairs and then lay in wait for them at the scene. Others have been threatened with guns, knives and fists. Quite why anyone would want to do this is beyond me.

**ABUSE. It's bizarre. We only exist to help people (and sometimes even save their lives). You'd think that everywhere we went there'd be grateful punters patting us on the back and doing whatever they could to help. Sometimes it is like that. Unfortunately, a lot of the time it's not. We get lots of abuse. All of it is supposed to be reported (there are forms to fill in) but since it ranges from something as minor as a swear word tossed in your direction to an outright physical attack, only the more significant events are ever reported. Otherwise, we would be filling in forms almost every shift and certainly every weekend. Nowadays, we wear ballistic stab vests, which says something. I'm told they will stop a .357 bullet, though I wouldn't like to prove it. But they will stop knives and you hardly feel punches and kicks. We get punched and kicked a lot. During the summer season, when everyone gets tanked up outside, and over Christmas, it happens every week. It's almost always drunks.**

We all get these 'unknown caller, unknown problem, please investigate' calls; most are thoroughly mundane and only a few of those I've received are worth talking about. Most of them result in a short area search, a bit more paperwork than is necessary and a frustrated paramedic or ambulance crew. Of course, some of them cost lives. The odd one shows a bit more thought and deserves a mention for the sheer audacity of the perpetrators (though that doesn't mean they don't deserve locking up for a month or so).

A few years ago, when I was working at another station, we were called to a ‘dead child in the street’. It was about ten o’clock at night and quite dark when we arrived at the small residential estate. There were two young police officers standing over what looked like the lifeless body of a young child. It was dressed in a tracksuit and a bright red jacket, and was lying face down in the gutter. There was a pool of blood around the head.

My crewmate, who was attending, got out of the vehicle and went over to check it out. I followed behind and saw that she was about to try for a response from the person on the ground. Then she gave it a funny look and grabbed the head, pulling it up and forward to reveal the ‘child’ underneath.

It was a dummy.

The kids on the street, no doubt watching from the shadows, had created a beautifully realistic corpse, with a face drawn on a cardboard ‘head’ attached to a teddy bear’s torso. The legs and arms of the tracksuit had been stuffed with socks to give it a realistically human shape, and it was wearing a pair of Nike Airs. It was very effective, especially in the half-light of the street lamps.

The blood, as I discovered when I touched it with my gloved hand, was tomato ketchup.

The kids had dumped it on the pavement and then called the cops. The two officers had shown up but hadn’t even bothered to touch it to investigate (they were wary and wanted us to do that for them). Unfortunately, when my crewmate showed them what it was they had to admit that they’d already called CID and were waiting for them to arrive. I’ve never seen redder-faced police officers, and I always wondered what the Detective Inspector said to them when he got there.

We took the offending article back to our ambulance station and hung it up on the wall as a reminder. Over the next few weeks it slowly disappeared as parts of it (the clothing was new and of good quality) were taken away by crews.

Not all timewasting calls are made on purpose. One little girl phoned 999 to complain that her mum had forgotten to feed the cat. You'd have to have a heart of stone not to laugh at that.

# SEEING DEAD PEOPLE

Some patients are more memorable than others, regardless of age or background.

I remember one lady very clearly: she was a lovely little Greek granny in her 70s. I met her at St Bart's Hospital - she had cancer and she needed conveying elsewhere for an MRI scan. As I attended her, we chatted and laughed; we just got on very well and it was almost like I was her long-lost grandson or something. I'd meet her from time to time, when I was doing patient transfers, and she always had a big grin and a wisecrack or two.

I mention her because I'd seen her at St Bart's one afternoon, and that night my then boss said he wanted to take me down to the morgue. I hadn't been exposed to death, and he thought it would be a good idea for me to go and sit in there and look at dead people. It sounds morbid, and no-one relishes it, but death is an occupational hazard and your first corpse is one of the things you most want to get out of the way when you start working in pre-hospital care.

Still, I was nervous, obviously, and I had this strange fear that I'd see someone who was dead wake up. Anyway, I knew it had to be done and I wanted to get it over with. We walked past a number of shrouded figures, and then he said, 'Do you remember this person?'

He had a big grin on his face as he pulled back the sheet. It was my old Greek lady, lying there, eyes closed, looking for all the world as though she was just asleep. I had seen her three or four hours earlier, full of life, and we'd had a good chat. No hint that she was going to die. Now here she was. It was a kick in the teeth, and I still think it was the cruellest thing ever done to me, considering how well I had been getting on with her and how suddenly she had gone.

**'ATTENDING'. With ambulance calls, one person drives and the other 'attends' the patient, and actually treats them; the following day, you swap roles.**

After that, trips to the local hospital to watch post mortems became a regular event for me and some of my colleagues. Not only did my fear of seeing dead people eventually evaporate, but my knowledge of real anatomy increased. It's a mile off from talking about the human heart and how a heart attack affects it to actually seeing one being removed from a person's chest, hours after they have died, and looking at the scarred evidence of a myocardial infarction.

**MYOCARDIAL INFARCTION, or 'MI', means heart attack. It describes the death of the heart muscle (not all of it, but a part of it) due to lack of oxygen as a result of ischaemia (lack of blood flow, meaning little or no oxygen is being delivered). The word 'infarction' comes from the Latin 'infarcire', meaning 'to plug up or cram', and it refers to the clogging of the artery that results in a lack of oxygen to part of the heart muscle (the myocardium). Myocardial means 'of the heart muscle'.**

Interestingly, the only pink lungs you ever see belong to relatively young people. Smokers or not, the lungs of all the adults I've seen being dissected are blackened and sooty from the everyday pollution we live with. The pathologists will tell you they rarely see good quality lungs, even from those living in the countryside.

Over the years (and that first exposure to death was more than 15 years ago now), I've become accustomed to seeing corpses in various stages of decomposition. The dead don't unnerve me, but the surprise of finding them does. Even today,

a call to a ‘person trapped behind locked doors’ with a history of not having been seen for days (or even weeks) can give me the creeps. I know I’ll have to go into the house and that I’ll probably find them dead somewhere. There’ll be a terrible smell and the place will be buzzing with bluebottles. Every room becomes a horrible adventure.

I went to a call like this with a colleague a few weeks ago. The woman hadn’t been seen or heard of for a few days and we had reason to believe that she might need urgent emergency help, so we decided to kick the door in. (We asked her relatives for permission; they were standing anxiously by, as was a gaggle of curious neighbours and her local church minister, who was worried about her lack of attendance at the recent Sunday service.)

My colleague gave the door a couple of hefty kicks, in it went and so did we. We looked in every room and eventually found her in the bath - dead. A little trickle of blood had escaped her mouth and her head hung across her shoulder as if she’d fallen asleep. There was no water in the bath; it had either slowly leaked out through the plug or had never been put in, but that didn’t matter to her now. The police arrived shortly afterwards to take over the scene, checking for evidence of foul play or forced entry. The front door was the only thing that showed entry by force and we were the culprits.

The grief of relatives can be overwhelming to witness. More often than not there’s a quiet, muffled sobbing going on in one of the other rooms as you inspect a corpse for confirmation. Sometimes you get a lot more emotion than that.

I was with a crewmate on a long and very busy night shift a while back when we were called to a ‘suspended’ - as in between life and death, not breathing, no pulse, in cardiac arrest. ‘Suspended’ means someone thinks there’s a chance we might be able to save the patient by starting CPR when we get on scene. Unfortunately, this is sometimes down to wishful

thinking, as it was in this case. The man was on the floor of his bedroom and had been dead for at least an hour.

**CPR stands for cardiopulmonary resuscitation, an emergency medical procedure for victims of cardiac or respiratory arrest. Blood circulation and breathing are stimulated artificially by chest compression and lung ventilation. The idea is to try to maintain a flow of oxygenated blood to the brain and the heart, delaying tissue death and extending the window of opportunity for successful resuscitation using defibrillation and life support systems.**

He'd rolled in after a night of drinking with his best friend and lodger, a young, red-haired man whose face I will never forget. He'd sat up with his wife and the red-haired man until about 2am, then, feeling a little worse for wear, had gone to have a lie down in bed. Some time had passed and the wife had got fed up shouting for him to come and get something to eat. She'd gone up into the bedroom and found him lying very still in bed. Either she couldn't work out what was going on, or she'd gone into immediate denial, but she'd asked the red-haired man to check him. He did and fled the room to call an ambulance when he realised his mate wasn't breathing.

Following instructions given over the phone by the call-taker, he had dragged the man off the bed and tried to carry out CPR but was woefully unable to do it because he didn't fully understand the instructions and his emotions weren't under control.

When we arrived, he virtually pulled us into the bedroom and then left to comfort his mate's wife - widow, now - in the front room downstairs. She didn't want to come near us in case we told her something she didn't want to hear... I understood that fear. We checked the man's vitals and found that he had none: he had been on the floor for some time and was purple

plus. He had a long history of liver disease and a dubious cardiac health record and, anyway, he was already stiff at the fingers and around the face. CPR would be useless. The decision was made not to attempt resuscitation.

We went into the front room and found the young man sitting in tears on a chair. The new widow was pacing the room and looked out of her head. We broke the bad news to them as quickly and softly as humanly possible.

'There's nothing we can do for him, I'm afraid,' my colleague said.

That single sentence provoked a long and anguished wail from the woman and a sudden emotional collapse in the red-haired man. We had to stay with them for quite a while; we'd requested police, which is normal procedure in these cases, but they were delayed and couldn't guarantee being with us for several hours. During that long wait with the two closest people in the dead man's life, the other guy's eyes never dried. He looked like a scared puppy and he kept repeating the same thing over and over again: 'What am I going to do now?'

Apparently, the older man was his only friend and he had nowhere to live but this house. The woman seemed to shun him and I got the impression she somehow blamed him for her husband's death. When she eventually calmed down, she left the room after asking if she could see her husband again. I went with her; she kissed him on the forehead and lips. It was agonising to watch. Real grief reminds you of your own loved ones and I kept thinking about how horrible this will feel when it happens to me, as it inevitably will.

I left her alone with him for a few minutes while she said her final goodbyes. Then she came back into the front room and never spoke to any of us again after that.

The cops arrived soon afterwards, and that started a fresh torrent of despair. We left, the police officers not knowing where to look or what to do.

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I travelled a long way into south London for another 'suspended', but, again, there was no work to be done. An ambulance was already on scene when I pulled up outside the small terraced house. The front door was wide open and people were milling around in the hallway. One of the crew came to meet me and just shook her head. I went upstairs to see what I could do, if anything, but the man was dead in his bed, and had been for a while. He was stone cold and rigor mortis was just creeping in to his peripheries.

The man's wife was in the room, along with her daughters and a son.

'His eyes are still open,' she said to me

'Do you want me to close them?' I asked.

'But his eyes are open,' she repeated.

I went over to the bed and together we closed his eyes for the last time.

Then she said the same thing that many others have said in this situation. 'What am I going to do now?'

And she began to cry. I put an arm around her shoulder until a relative took over. I left the house and the crew stayed behind to complete their paperwork and manage the family's grief until the doctor or police arrived.

**'PURPLE'. We call the recently dead 'purple' and those who have been dead a while 'purple-plus'. The morgue is referred to as the 'purple annexe'.**

Last month I answered a call for a 'female, possibly trapped behind a locked door'. I raced round to the address and the police got there a few moments later. It turned out the 'woman' was actually a male called Dave and his brother Andy was

waiting there anxiously for us to arrive. He'd knocked - and then hammered - on the door to the flat and got no response, so he'd then visited his brother's few regular haunts and found no sign there either. Dave hadn't been seen for three days now, so Andy had rung 999.

I looked through the letterbox and sniffed the air inside: there was no unusual smell, but a light was on in the front room. I shouted through but there was no reply, just a dead quiet. The door was very well secured and the police officer had no luck trying to kick it in. One of them went to fetch the 'key' - a battering ram used to smash down doors - but while he was gone the brother unscrewed a piece of plywood covering a small, broken window. The other police officer, who was a slip of a girl, was able to squeeze herself in through the gap and open the door from the inside. I made my way in, and the brother followed. He noticed that Dave's inhalers were still on the table, along with other personal effects that would normally be with him if he went out, so that didn't look great. We went from room to room, me expecting to find a corpse in any one of them. We'd checked the living room, the kitchen and the bedroom, and the brother started to relax. 'Thank God,' he said, with evident relief. 'He must be out somewhere.'

But he spoke too soon. We were all heading out of the flat through the small hallway when I noticed the bathroom door ajar. I'd assumed it had been cleared, but I looked through the gap between the door and the wall anyway. Dave was inside, sitting on the loo. I signalled to the police officer that I'd found him and that his brother should be kept back for a moment. I went in and checked him. He was pulseless, cold and stiff.

Andy pushed past me and fell apart. He cried all the way out of the flat. I felt sorry for him, but I couldn't help him and I had nothing to offer. He called his wife and told her what had happened, sobbing through the entire call, trying and failing to keep his composure. He was still in tears when I left.

You try to be as respectful as possible, obviously. Occasionally, something embarrasses you. I was called to confirm life extinct on a male who had been found by his regular carer and neighbour. The guy was sitting in a chair in front of the telly, a half-opened nebuliser in his hands and cans of beer strewn around the floor - one of which was waiting to be opened.

The carer had let himself in to give the man some breakfast, only to find him sitting upright, for all the world looking as though he was watching the birds in his garden. He was asthmatic and had emphysema, and had a home oxygen system and a portable, mains-powered nebuliser compressor. It looked as if he had suffered an attack and had attempted to give himself some salbutamol but that at the crucial moment his electricity meter had run out of credit and the power had failed. The compressor stopped working and he had gone, very quickly, in the middle of trying to save himself.

As I sat there, my service mobile phone rang. Some joker had reset the ring-tone to the sound of a rooster.

**EMTs are Emergency Medical Technicians. They are highly-trained and skilled and make up most of the population of the ambulance service, but they are not paramedics; paramedics have more advanced skills and are qualified to use invasive techniques and drugs which EMTs are not. All paramedics were once EMTs and many EMTs will go onto become paramedics.**

It doesn’t always end in tears. Last year I went to a house where the tenant hadn’t been seen for 24 hours and his dog - which was large and known to be highly protective - was barking relentlessly inside. The police were there and an officer with a mirror on a stick had cautiously crept up the stairs and located the animal with the makeshift periscope. It

was on the bed, staring angrily right at him, and it had bounded off, growling, sending him scuttling back downstairs. He'd seen no body, but it seemed a fair bet that the owner was probably unconscious or dead on the bedroom floor. If that was the case, the canine protector wasn't going to let anyone near him; we could all hear it panting and growling to itself at the top of the stairs. Nervously, I checked the fit of my stab vest and then thought, *'Who am I kidding?'*

So I stood at the bottom of the stairs with two coppers and the neighbour who'd called us. No ambulance was yet free and the dog handler was a good 30 minutes away.

As we waited, we discussed the tenant's habits and medical conditions with the neighbour, trying to build up a picture of what might have happened to him. He had a long history of heart problems and he never, ever left the house without his dog, she said. The back door had been left unlocked. Things were looking dire.

After a while, and with still no sight of the dog handler, I decided to use the mirror to have another go at establishing if there was a body in the room.

The first thing I saw (and I can tell you my breathing rate was a lot faster than normal) was a huge Alsatian on the bed. He was looking straight into the mirror at me, with angry eyes and a mouth-full of nasty-looking teeth. I didn't have much of a horizon to view, and I couldn't see the man. But he could easily have been elsewhere. It did occur to me that the dog might have eaten him - stranger things have happened - but I dismissed the thought and put it down to nerves.

I craned my neck, trying to see further into the bedroom. Every second or two, my eyes flicked back to the dog; my horror-movie fear was that I'd be scanning the floor as he crept nearer to me, fangs bared. All I'd see were two rows of teeth and a dribble of saliva, followed by a messy end (mine, not his). I still saw nothing of his master.

I came back down the stairs and waited with the other nervous people below. The dog was still snarling and growling menacingly upstairs. Suddenly, and very nonchalantly, a man opened the back door and strode in. A look of shock flashed across his face at the sight of two policemen and a paramedic standing in his hallway. Then he recovered himself.

'Can I help you at all?' he asked.

'Are you the tenant of this property, sir?' said one of the police officers.

'Yes, what's going on - why are you all here?'

Meanwhile, the neighbour is trying to curl up into the smallest ball in the known universe.

'We were called because your dog was howling and barking and the neighbour thought you were in trouble,' said the cop.

'I'm OK. I just went out for the night to visit my sister.'

'Do you always go out without locking your doors, sir?'

'Yes.'

I could hear the siren of the police dog van approaching. The dog handler would get out of his vehicle, get his equipment prepared and be told to stand down. He would be so disappointed. I had to smile.

The man went up to see his dog and brought it down to say hello to us. Everyone took a step or two back, but it just walked by, wagging its tail and licking the owner's hand, and didn't even look at us.