

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

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Investigation of:

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NATURAL GAS LEAKS RESULTING IN FATAL *

HOME EXPLOSION ON JANUARY 24, 2024 * Accident No.: PLD24FR003

& SECOND HOME EXPLOSION ON JANUARY *

27, 2024 IN JACKSON, MISSISSIPPI *

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Interview of: MARY WALKER, Paramedic FTO

American Medical Response

(Regarding January 24, 2024)

AMR Main Office
Jackson, Mississippi

Wednesday,
January 31, 2024

APPEARANCES:

ELENA BOZHKO, Pipeline Accident Investigator
National Transportation Safety Board

RYAN WILSON, Operations Manager
American Medical Response

KALEB GIBSON, Pipeline Safety Investigator
Public Service Commission

GREG SMITH, Director of System Integrity and Compliance
Atmos Energy Corporation

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I N T E R V I E W

(4:35 p.m.)

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2
3 MS. BOZHKO: Today is January 31st, 2024, and it's about 4:35
4 local time. My name is Elena Bozhko. I'm a pipeline accident
5 investigator with National Transportation Safety Board, with
6 Office of Railroad, Pipeline, and Hazardous Materials
7 Investigation. For this accident, I am the emergency response
8 group chair.

9 We are at AMR main station at 616 (ph.) Melvin Bender Drive
10 in Jackson, Mississippi.

11 This interview is being conducted as part of the
12 investigation into the explosion that occurred on January 24th,
13 2024, at 185 Bristol Boulevard. The NTSB number for this accident
14 is PLD24FR003. The purpose of the investigation is increase
15 safety, not to assign fault, blame, or liability.

16 The NTSB is an independent federal agency charged with
17 determining the probable cause of transportation accidents and
18 promoting transportation safety. NTSB has no regulatory or
19 enforcement powers.

20 This interview is being recorded and may be transcribed at a
21 later date. A copy of the transcript will be provided to you for
22 review prior to being entered into the public docket. This -- you
23 are permitted to have a person present during an interview. This
24 person of your choice can be a supervisor, friend, family member,
25 or nobody at all.

1 We'll ask you to state for the record, spelling of your name,
2 the company you work for, and your job title. And I'm going to
3 ask each person to introduce themselves with spelling of their
4 name, title, and the agency or organization they are representing.

5 If you can start with the name, the title, and the spelling,
6 of your --

7 MS. WALKER: Okay. My name is Mary Walker, M-a-r-y with last
8 name is W-a-l-k-e-r. I'm a paramedic FTO at American medical
9 response.

10 MS. BOZHKO: All right. And the person of your choice is --

11 MS. WALKER: Ryan Wilson.

12 MR. WILSON: Ryan Wilson, R-y-a-n W-i-l-s-o-n, operations
13 manager for American Medical Response.

14 MS. BOZHKO: All right. My name is Elena Bozhko. I'm a
15 pipeline accident investigator with NTSB. My name E-l-e-n-a B-o-
16 z-h-k-o.

17 MR. GIBSON: And I'm Kaleb Gibson, pipeline safety
18 investigator with Mississippi Public Service Commission and
19 Pipeline Safety Division. Kaleb, with -- K-a-l-e-b, Gibson, G-i-
20 b-s-o-n.

21 MR. SMITH: And I'm Greg Smith, G-r-e-g S-m-i-t-h. I'm
22 director of System Integrity and Compliance with Atmos Energy
23 Corporation.

24 INTERVIEW OF MARY WALKER

25 BY MS. BOZHKO:

1 Q. All right, so to start, Mary, can you tell us about yourself,
2 about your experience with AMR or any prior relevant job
3 experience?

4 A. Oh, yeah. I've been working in EMS for approximately five
5 years. I spent all my time here at AMR. I went to school in
6 South Haven and -- at North (indiscernible). And then, directly
7 came here to start working.

8 I've been a paramedic for two years, going to homes, and I
9 was on scholarship here, and so I'll be, I'll be hitting my three-
10 year anniversary coming here in August. And so, I guess I've been
11 but AMR the entire time.

12 Q. All right. Thank you. So, can you tell us a little bit of,
13 you know, of the day of the event and what brought you to the
14 site?

15 A. So, that day, we had actually -- we were going -- we were
16 responding to a different address that was in the same area. It
17 was off of West Highland Drive, and we actually got canceled off
18 of that call because the sprint medic at the time was saying that
19 it was a higher acuity call than the call that we were going to.

20 And so, luckily, we were already in the area because we had
21 literally passed the address going there. And then they canceled
22 us. And so, we responded to back up the sprint medic that was on
23 scene.

24 Q. All right. So, can you walk us through what happened? You
25 get a call and how it progresses throughout.

1 A. Yeah. So, we got the call and we were dispatched to the
2 Bristol. And then once we arrived on the scene, we were
3 intercepted by our sprint medic, Gabe Pierce. And he had actually
4 already, put the -- had our patient, the one that we transported,
5 he had had him in the backseat of the sprint vehicle because at
6 that time it was very cold outside. I'm not -- I can't remember
7 the exact temperature, but I know that it was hypothermia risk.
8 And it was raining actively at the time.

9 We thought it was interesting because we were going to a
10 house fire when it was like pouring rain, like, and so, to the
11 point that we actually, we're running all our priority ones on
12 like a weather delay because of how bad the rain was. And so, he
13 had gone ahead and sheltered, like the patient that we were going
14 to transport, in his vehicle. And he had just started working on
15 him when we pulled up because we were very close to the scene.

16 Q. Okay. Heavy rain, huh? So you get to the scene and what
17 happens next?

18 A. So, we get to the scene, and Gabe had not been able to get,
19 like, a lot of patient information at that point. So, he made us
20 aware that the patient was almost entirely deaf. So, the patient
21 communicated through either writing or through text message. And
22 so, he alerted us to that.

23 He alerted us that he'd been ambulatory on scene, meaning
24 he'd been walking around and that he had -- they kind of
25 intercepted him. They weren't entirely aware that he was a part

1 of the incident at first until they were like, hey, why are you
2 wandering around? And he was like, I was in the house.

3 And so, he didn't have any injuries that were super
4 indicative of him being part of the incident. And so, they got
5 him in the back of the vehicle. We went ahead and transferred him
6 directly to the stretcher. And they'd -- he'd not been able to
7 really get the story or get any patient info. So, once we got him
8 in the back, he was able to start explaining to us that, even
9 though he is mostly deaf, he has just enough hearing that, he was
10 awoken by an explosion.

11 He knew -- he wasn't sure the origin. He just knew he was
12 woken by an explosion. And then he was in bed. And while he was
13 trying to get up out of bed, that the -- he knew the ceiling had
14 collapsed onto him. He was -- he knew his wife was in bed, but he
15 assumed, because she still maintained her hearing, that if he was
16 able to hear the explosion, she would definitely hear the
17 explosion. So, he went straight out the door into the street.

18 And at that point he waited, and then when she didn't follow,
19 at that point, the house was too -- had begun to set alight, and
20 he didn't feel comfortable going back into the house because there
21 was fire -- there was active, like, flames and smoke. And so, he
22 waited on scene until 9-1-1 arrived.

23 And so he had -- so his only complaint was that he had some,
24 like, I think he had some very small hairline lacerations to his,
25 -- the bridge of his nose. And he said that was his only real

1 complaint. So, but he was -- he was unsure -- he knew his wife
2 was in bed next to him, and he was aware that she was in bed next
3 to him when he got up to escape the house. So, he was able to
4 give us the location, like to go look for -- he was able to give
5 the firemen a location to go look for her.

6 So, he didn't -- originally he didn't want to be transported
7 until he -- the -- he knew a little bit more information about
8 what happened to his house and his wife. And, so we communicated
9 entirely through, I had pulled a paper towel out, and we were,
10 like, writing back and forth on paper towel because he was
11 genuinely completely deaf, like, to communicate with.

12 But otherwise, like, injury wise, like, we really did not
13 have to do any type of emergent -- other than we put on oxygen as
14 a, like, just anytime there's a chance of smoke inhalation, we put
15 on oxygen. But he had no indications of smoke inhalation. No
16 soot, no burns. No, like, burned material on him. And no -- he
17 was soaking through because he'd been in the wet -- in the, in the
18 rain. But he had no indications of, like, no debris, nothing we
19 had the clear. The injuries were, like, cleaned, like, entirely
20 with just some saline.

21 And, so yeah, he was, just -- we just waited on scene. He
22 didn't want to be transported until -- they were able to -- he got
23 to the point where he realized, we've been on the scene for a
24 period of time, and they were able to tell him that they had made
25 it to the bedroom, but it was going to require extrication. And

1 at that point, he said, I think she's dead. And like he said, we
2 can go ahead and go. And so, he gave us permission to go ahead
3 and transport him to Baptist in -- off of North State Street.

4 Q. That's quite a story. The information that you provided,
5 that's everything you've gotten from him directly in writing?

6 A. Yes. So, that's what I say. We were communicated entirely
7 in writing because, I would -- Gabe would give us an update, like,
8 because he didn't want to leave the scene until we had better --
9 and so, he wouldn't leave until Gabe gave us the go ahead that
10 fire had been able to make entrance into the house, and they had
11 been able to make entrance into the bedroom.

12 And they confirmed that they felt like that there was enough
13 debris that they were going to have to extricate and do an actual
14 search effort. And when I communicated that to him, he said, he
15 was like, I think she's dead. And then on the way to the
16 hospital, he was like, she must have burned up. And so, that was
17 what he communicated to me.

18 Q. And is there a chance that you have those notes that you guys
19 were passing?

20 A. I would not unfortunately, because I say most of the time
21 just to maintain like HIPAA, I usually -- I shredded them once we
22 got to the hospital. Yeah.

23 Q. Okay. Gotcha. So. Do you recall what time you guys
24 arrived?

25 A. I would not. I would have to reference a PCR, unfortunately.

1 Q. And do you know roughly how long you were at the scene?

2 A. I know we usually aim for a ten-minute scene time, and we
3 were there for an extended period of time because I did keep
4 checking in to be like, we could go ahead and transport because,
5 we were on scene for longer than I'm usually on scene. So, it
6 would most likely be over ten minutes, because I had gotten to the
7 point where I was like, you sure you don't want to go ahead and go
8 to the hospital? So.

9 Q. Okay. Gotcha. So, when you arrive, where roughly you park
10 and how -- I don't know if you can describe what you were seeing
11 when you were there.

12 A. Yeah. So, we pulled up. They had already -- so there were
13 some civilian vehicles that were on the left side of the road.
14 And then there was some news vehicles that were on the right side
15 of the road. And so, we ended up kind of -- we ended up having to
16 move in between these two vehicles and park right in the middle of
17 the road, right behind the sprint vehicle.

18 And at that point, we were not -- like we were close enough
19 to see that it was -- there was -- to see smoke. We were not able
20 to see any of, like, the details. And we saw the engines, but we
21 weren't able to see any details of the house because we -- they --
22 Gabe was able to flag us down, saying he moved the patient away
23 from the scene.

24 So, we transferred directly from the sprint truck. And then,
25 at that point, I do remember we had to -- more of the fire -- the

1 fire DC had pulled -- more people have pulled up behind us. And
2 so, we ended up having to, like, have a spotter to, like, wind our
3 way back out, to get out of the scene.

4 Q. A lot of cars there.

5 A. Yes. There was a lot of cars there.

6 Q. Yeah. Do you recall in your conversations with the patient,
7 did he mention anything about smelling gas?

8 A. No. He said that -- he was -- he was very unsure about -- he
9 just knew that he had heard an explosion. He wasn't even really
10 -- been able to localize the explosion because we were curious if
11 it had come from above him. Like, maybe that was what caused the
12 ceiling to collapse, or if it was anywhere else in the house. And
13 he just said that due to his, like, his just very poor hearing, he
14 was not unable -- he was unable to localize where the explosion
15 had come from. And, he honestly didn't see any -- he didn't see
16 the explosion because he did admit to being asleep at the time.

17 Q. Yeah. What else you guys asked him? It sounds like you had
18 a lot of conversations with him.

19 A. Yes, we did stay on scene for a while. And so, I pretty much
20 I asked him -- so I just was -- I made sure I was aware of, like,
21 of his physical issues. And he said that he really did not have
22 much medical history other than congestive heart failure. And so,
23 because I was curious, because he was -- I know he was in his 80s
24 and he ambulated extremely well.

25 And so, we were -- I was curious as to -- but I did -- I did

1 inquire about his wife and seeing if she was in the same age
2 bracket as him. He said that she was elderly and that she was in
3 her 80s. And, he said that she had a similar profile of
4 hypertension and CHF and that he did feel like she would need
5 assistance getting out of the house, but he thought that she would
6 be ambulatory enough to follow him. And so, we discussed that.

7 And he just kept asking for regular updates about if the
8 firefighters have found anything, whether they put the -- whether
9 they put the fire out on the house yet. And then he alerted us
10 that, that his daughter in law would be home, that she would live
11 at a 190 Bristol and that, she -- he didn't -- he knew that she
12 would be home, but his son would not be. And so, he was alerting
13 that if anybody, like, had heard anything, it would most likely be
14 his daughter in law because she lives right across the street from
15 him.

16 Q. Okay. But you have not seen or spoken to her, or --

17 A. No, she never actually made it to the truck. I think they
18 had -- from what I was aware of, they were having difficulty --
19 they were having difficulty getting her to come to the door. And
20 so -- because we did go -- because he did not have his cell phone
21 or anything. Like, he not -- he did not retrieve anything from
22 the house before he escaped the house.

23 And so -- and he didn't -- he wasn't sure of her phone number
24 or his son's phone number. So, we were attempting to have -- so,
25 we did know that they -- that PD on scene tried to make contact

1 with her at the house, but she never -- they never made contact
2 with her while we were still on scene.

3 Q. Okay, great. And have you noticed if he was dressed, meaning
4 like in a jacket or anything or was he just --

5 A. He was not appropriately dressed for the weather. So, that's
6 -- he was in a t shirt. He was in jeans, which was different,
7 like -- I did never -- I never questioned whether he was -- he had
8 time to put on jeans or he -- if he'd gone to sleep in jeans. But
9 he was wearing shoes, but he was, it was literally just a single
10 white t-shirt. And for the weather at the time, it was
11 inappropriate.

12 Like, it was -- he would have needed a rain jacket, but
13 something with insulation, because it was, it was very cold. And
14 we were -- we ended up having to pack him with blankets and turn
15 on the heat because we thought, due to his age, he was a
16 hypothermia risk at the time.

17 Q. While you were there, did you get a chance to talk to
18 neighbors at any point?

19 A. I did not. So, we -- pretty much we use Gabe Pierce as our
20 point of like information. So, he -- so both me and my partner
21 stay in the truck just to kind of make sure that -- to keep an eye
22 on our patient to make sure he didn't show any signs of airway
23 deterioration.

24 And, while we were doing that, Gabe would just come check in
25 on us regularly, and then we would ask for an update so enough to

1 see what -- you know, because that -- whether or not our patient
2 was comfortable being transported.

3 Q. Okay. So, when you guys got an okay from him that he's ready
4 to go to the hospital, can you take us from that point forward?

5 A. Yeah. So, we went ahead and confirmed that he wanted to go
6 to Baptist. As we were transporting, he -- that's when he said, I
7 think she's burned up. And I asked him to quantify, and he said
8 that he felt as if they hadn't been able -- if she hadn't been
9 able to ambulate after that point in time, or they hadn't been
10 able to find her in the point of time that we've been on scene,
11 that he highly doubted that with her physical condition that she
12 survived.

13 So, that was mainly -- so we talked about that, and then he
14 asked me things about like, effectively like what would they do?
15 Like if he wasn't on scene, what they would do with her body
16 effectively. And I alerted him that if she did have a pulse, that
17 she would receive 911 care, that she would get transported, and
18 then alerted him that our two burn centers were Baptist or UMC, so
19 she would be transported to one or the other. If she didn't have
20 a pulse then she'd be attended to by the coroner on scene.

21 And so, I explained that to him. After that point in time, I
22 just -- I only just checked in on his condition. So, he ended up
23 being physically, like, physically he never deteriorated in any
24 shape, form, or fashion. And so, we just focused on keeping him
25 warm. And due to our -- it being -- we didn't really exactly

1 small talk because he's a little bit more difficult to communicate
2 with.

3 And so, after he was assured that, you know, we were not
4 going to be leaving her out there, then it was mainly quiet and
5 just me checking in to make sure nothing new, no new complaints,
6 no shortness of breath, no new pain or anything on the way to
7 hospital.

8 Q. Okay. So, you were staying with him while you all were
9 driving to the hospital?

10 A. Yes.

11 Q. Okay. And, you were there with -- by yourself with him or --

12 A. I had a orientee, who his -- Demond Patent (ph.). He was --
13 he didn't participate in any type of patient care or communicating
14 with the patient because he was kind of in observation stage. So,
15 he sat in the captain's chair and just observed while we were --

16 Q. Do you recall if he communicated with the patient at all?

17 A. Not at all. So, he has -- because it was -- it was -- I was
18 sitting on the bench seat of the ambulance which has me facing the
19 patient. And so, that was like the only way to really communicate
20 because I was having to write things out and then hand it to him
21 and then let him write and hand it back.

22 So, he would not have been able to, like, spontaneously
23 converse with the patient without like, having to produce
24 something himself. And so -- and because he was observing, he
25 didn't see the need to spontaneously converse or --

1 Q. Right. So, you guys are driving to the hospital. What
2 happens next on --

3 A. So, we arrived at Baptist. At that point, I had alerted them
4 that even though he, like, even though he did not show any signs
5 of being physically injured other than the laceration to his face,
6 there was no airway deterioration, anything that would like -- I
7 thought that he was like a -- I did say that he had a mechanism,
8 having been possibly exposed to smoke and vapors and having been
9 had a traumatic injury in his age group that he was probably just
10 higher acuity based off his mechanism.

11 So, instead of them having us go through the normal triage
12 process, which would require them taking vitals and me giving a
13 report to a triage nurse, and then them -- they decided to go
14 ahead and move him into a trauma room, which is room one inside
15 the hospital. And, they decided to go ahead and treat him as a
16 trauma patient as just a precaution.

17 So, at that point, we -- the team lead at the time, Eric
18 (ph.), he went ahead and started, treating the patient by going
19 ahead and doing his own set up -- we moved him to the bed. And he
20 was able to, like, scooch over by himself. He didn't require any
21 physical assistance. And they went ahead and placed him on the
22 oxygen and started taking vitals, and started treating him at that
23 point, just because of the mechanism.

24 But they were also at that point, like, their vitals were,
25 like, consistent with ours, in that it didn't seem like he was

1 having any type of airway compromise or anything of the sort.

2 Q. Okay. And do you guys wait for him to take him back or
3 what's the next step?

4 A. So, at that point, I gave reports, I gave a more detailed
5 report. We give a report on the way to the hospital. That's a
6 very short like, chief complaint and just the general -- the
7 things that that made him a higher acuity patient.

8 At that time, I gave them a full report, made them aware that
9 he did not have a communication method with his family at the
10 time, but that responders on scene were going to tell them that he
11 was going to Baptist, made them aware of his hearing impairment
12 and that they were going to have to communicate with him, like,
13 entirely through writing, and explained the whole mechanism, the
14 situation that he had -- he felt -- he knew debris from the
15 ceiling had struck him in the face at some point.

16 And so, once I gave report that just -- of the mechanism and
17 how the fact that he wasn't going have any family with him and how
18 to communicate with him, then we transferred -- went ahead and
19 transferred care to the team lead.

20 Q. Well, while you were there, did any family members arrive?

21 A. No.

22 Q. Okay. All right. So, what happens next?

23 A. So, after that, after we transfer care, then that's when,
24 usually -- I will usually finish my PC -- I usually go ahead and
25 finish my patient care report just so the information's fresh, and

1 then we returned to service. And so, I know we returned to
2 service shortly after that.

3 Q. In your patient care report, do you know any of the
4 information that he provided to you about, the, you know, how he
5 was awakened?

6 A. I know that I detailed the -- I know I detailed enough to
7 make sure that it was obvious what the mechanism of his injury was
8 because the -- mainly because the situation we were called to was
9 a house fire, but just specifying that he had like -- it wasn't --
10 there was no burns.

11 And so, even though we got called to a house fire that -- and
12 transported a patient -- that it was almost entirely traumatic in
13 nature. So, I do know we specified that there was -- it was
14 caused by -- all his -- the smattering of injuries to his face and
15 chin were caused by debris falling from the ceiling, and that he
16 was aware that something had happened that caused the debris to
17 fall from the ceiling.

18 Q. Gotcha. All right. Thank you.

19 BY MR. GIBSON:

20 Q. Do you recall, like the smell of gas or anything while you're
21 on scene?

22 A. No. And that was one of the things I was like -- that's why
23 we were -- we were also very confused about the mechanism because
24 there was no -- there was no smell of gas. And usually fire has
25 like precautions for, like a, for gas or anything and would have

1 asked us to stage further away if, you know, they've been -- that
2 that had been suspicion, but there was never any like instructions
3 for us to stage at a certain distance or anything. We just pulled
4 on scene and intercepted this sprint truck.

5 Q. Do you do you recall if like any other first responders or
6 anyone else on scene mentioned the smell of natural gas?

7 A. No. Because after we had learned tentatively what the
8 mechanism was, like, both me and -- both me and partner, Kyara,
9 and our orientee, Demond, we were commenting on how that it was
10 odd that there was no -- there was no smell of natural gas. And
11 at no point did Gabe point out that he thought that that was a
12 factor, especially even in patient care.

13 BY MR. SMITH:

14 Q. What is -- just for my notes. There's an -- on an ambulance,
15 there's the driver, and then there's you, as the paramedic.
16 What's that role called on the truck? Is there a name for the
17 person in the back that's attending?

18 A. Oh, so just due to our -- so essentially, just due to our
19 scope of practice -- so, my EMT -- so, the EMT is generally the
20 person who drives because they have -- so, because we had --
21 because we had a patient with possible airway compromise, my scope
22 of practice includes airway control. So, at that point it just
23 became automatic that we could -- due to me being the paramedic
24 and having airway as a scope of practice, that I would be riding
25 in the back with the patient.

1 MR. SMITH: Oh, so y'all switch driving and -- depending on
2 the kind of call it is.

3 A. So, yeah. So, we're allowed to, at that time, like to
4 completely base our patient care on acuity. But so -- but because
5 of the airway possibility, then --

6 Q. You probably had the most conversation with the patient --

7 A. Yes.

8 Q. -- of the people we've talked to, just because you're in the
9 back. Of all the things you've told us, how much of that was just
10 you and him talking on the ambulance? Versus how much of that was
11 shared with fire department or other first responders on scene?

12 So, for example, you said that he said he was woken up by an
13 explosion and debris falling on his head, and that part. Did he
14 share that with the fire department or was that just with you?

15 A. Oh, so pretty much they were -- just because -- from what I
16 understood, from Gabe, just from the chaos of the scene -- and
17 they weren't aware that he was originally a part of the scene
18 because there was large -- there's of course, with just the
19 general situation, you always have neighbors that are kind of
20 trying to get into -- so, because he didn't have any burns, soot,
21 like he had no like obvious debris on him -- nobody actually
22 interacted with him as part of the scene originally. And then it
23 became --

24 Q. Oh, they thought he was a neighbor just walking around?

25 A. Because he was dressed and just kind of like on scene, like

1 even though -- and he was already outside of the house ambulating.
2 And so, they were expecting with just the degree of the scene that
3 he was not -- that he was not originally a part of the scene. And
4 then it became aware that he was trying to alert them to where he
5 thought his wife was. And at that point they realized he had
6 actually been inside of the house. And due to that, they were --
7 they were worried then at that point that he could be injured.

8 Q. So, he did -- your understanding is he did talk to the fire
9 department and told him where his wife was and directed them?

10 A. Yes. So, yeah. So, they made -- so, he -- I know he, wanted
11 them to be aware immediately that she would be in the bedroom and
12 that the last time he saw her was in bed. But after that point,
13 he moved -- he was moved to the sprint truck with Gabe. And the
14 actual full story of the incident, like why, you know, why he was
15 outside and all the sort -- all the -- most of that came inside
16 the ambulance.

17 Q. That was just between you --

18 A. Mm-hmm.

19 Q. -- as you all were talking?

20 A. Yeah, from what I understand, he only just expressed to them
21 that he -- that they should look in the bedroom immediately for
22 her in their search.

23 Q. Does the fire department talk to you directly, or they talk
24 to Gabe, and Gabe is talking to you?

25 A. Usually -- so on scene, it was -- so we don't always have a

1 sprint medic on scene. And so, at that point, I would have -- I
2 would have directly contacted whoever wanted to be the point of
3 intercept on the scene. But because we had Gabe on scene, Gabe
4 had already decided to be the person interacting with fire.

5 Q. Did you have any interactions -- you said -- so you didn't
6 have you interactions with the fire department directly?

7 A. No. I just -- I used -- I asked Gabe entirely for all --

8 Q. It was coming through Gabe.

9 A. Mm-hmm.

10 Q. Did you have any interactions with Atmos Energy employees?

11 A. No.

12 Q. First responders. Okay. There was one more question I had
13 and I forgot what it was.

14 A. And the only thing that Gabe made me aware of was that they
15 had made entry into the bedroom. I did not really know what the
16 state of the -- whether there was still active fire, whether there
17 was any type of, like, any type of environmental issue. At no
18 point in this did they ask me to stage further back or, to move --
19 never explained to us that we were under any type of like issue
20 from like from smoke, gas, anything else. Because usually at that
21 point they would want us to do N-95, to move further back to
22 stage. And there was never -- and he never communicated us --

23 Q. That you all were in any risk.

24 A. Exactly. And so -- and he -- the only thing he was -- the
25 main issue was that he wanted to know if there was -- what

1 happened to his wife. And so, the main thing Gabe was interact --
2 he explained that they had made entry to the bedroom and that he
3 expected an extended on-scene time because they were going to have
4 to extricate the bed and -- to find her. And so, at that point,
5 like, we communicated that, and then left the scene.

6 BY MS. BOZHKO:

7 Q. So, that was communicated to the, to the patient?

8 A. Yeah. So, we communicated that we -- that they had made
9 entry to the bedroom and -- but they did not immediately see her
10 and that they were going to have to extricate through debris to
11 look for her. And at that point, when -- at that point, that's
12 when he was like, I think she is dead, then.

13 I think he was aware -- he -- but he was -- it seemed that he
14 was aware that she had not been had ambulate at the time that --
15 the extended time that she would have been inside the bedroom and
16 the debris that she was most likely -- especially being in her 80s
17 and being an elderly female that she most likely hadn't survived
18 the incident.

19 BY MR. GIBSON:

20 Q. Did [REDACTED], at any time, specify what part of the house
21 he exited? Was it, like, the front door?

22 A. So, he never specified. He just said that he had -- once --
23 he jumped out of bed, and then once he had gotten out of bed, he
24 had gone, he had gone straight to the street. And that was all he
25 specified.

1 And he was found -- he was found on the street in front of
2 the house. Like the -- he was found on Bristol itself.

3 BY MS. BOZHKO:

4 Q. Have you talked to any of the neighbors on the on the scene?

5 A. I had not, and so, at that point of -- at that point, we, you
6 know, just because of the mechanism, we, we generally focus
7 entirely on the patient and stayed inside of the ambulance with
8 him. Just because he was at such a risk of -- we were worried at
9 the time that he was at a risk of deterioration.

10 And so, because of that, we decided not to do any type of --
11 to let Gabe do all the interaction with fire or anything. I
12 wasn't going to -- I didn't -- I didn't feel comfortable leaving
13 him by himself at any point during the patient care.

14 Q. And during this whole time, you stay inside of the ambulance
15 so you don't observe what's happening outside?

16 A. No. So that's what I said, I knew that it was, it was
17 obviously -- I came on scene, I knew obviously that it was a house
18 fire from just the general scene size up. But after that, like,
19 we -- I was sitting on the bench seat facing the patient.

20 So, I had limited glimpse through like the front of the --
21 but nothing that made me, like, aware of -- that's why I had no
22 idea what staging -- like what -- because I know that fire has,
23 like, staging of entering the house, and I had no idea. So, I had
24 to have Gabe give me all the information on how far along they
25 were in entering the house, extrication, whether they'd stopped

1 the flames or anything of that sort.

2 BY MR. SMITH:

3 Q. I remember my question now. The observer that you all had,
4 what was his name?

5 A. Demond Patton.

6 Q. Demond. Was Demond always with Kyara and you during the --

7 A. Yes.

8 Q. -- during the call? He didn't have any interactions with
9 fire department or utility operators?

10 A. No. He sat -- so he --

11 Q. Any different from you all?

12 A. Oh, no.

13 Q. He wouldn't -- he didn't see or experience anything separate
14 from being with you all on the truck.

15 A. No. And that's what I say, and he -- so, we have like in the
16 -- we have like in the ambulance -- so, we have I'm sitting on the
17 bench seat, which is the patient care area. There's a captain's
18 chair or considered the airway chair that's right behind the
19 patient, that's facing away from the scene. And so -- and he
20 stayed entirely in that scene -- in that chair to observe. So, I
21 think he actually had less of a view than I did, on the scene.

22 Q. Thank you.

23 MS. BOZHKO: Do we have any other questions? Is there
24 anything else that you want to share with us that we haven't asked
25 you?

1 MS. WALKER: I don't think so. I think that was good. I'm
2 sorry. Yeah. The specifics on the specifics on time and exactly
3 how much -- because unfortunately, a lot of the patient care
4 reports focus on just the mechanism of what caused the injury.
5 So, I don't -- I'm not sure exactly how much we expounded upon,
6 like the what happened before, in the actual narrative, but --
7 timing -- just timing and stuff like that should be more -- should
8 be available in the PCR.

9 Q. Thank you so much. You provided quite a bit of information
10 for us. Thank you. No more questions. Okay. Let me stop the
11 recording then.

12 (Whereupon, the interview was concluded.)
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CERTIFICATE

This is to certify that the attached proceeding before the
NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF: NATURAL GAS LEAKS RESULTING IN FATAL
 HOME EXPLOSION ON JANUARY 24, 2024 &
 SECOND HOME EXPLOSION ON
 JANUARY 27, 2024 IN JACKSON, MISSISSIPPI
 Interview of Mary Walker

ACCIDENT NO.: PLD24FR003

PLACE: Jackson, Mississippi

DATE: January 31, 2024

was held according to the record, and that this is the original,
complete, true and accurate transcript which has been transcribed
to the best of my skill and ability.



Melissa Bousquette
Transcriber

