



**RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE
ONLY**

URN:

WITNESS LIST

Page 1 of 5

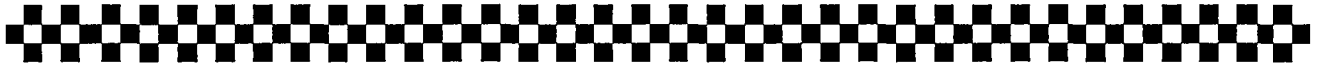
Date of completion:

* Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
1	Name: ALAN WILLIAM LAVENDER Address (HOME): Occupation: RETIRED Telephone: HOME E-mail address: <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
2	Name: FRANCES HARRISON DOMINY Address (HOME): Occupation: HOME Telephone: HOME E-mail address: <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
3	Name: ALTHEA EVERESTA GERADETTE LORD Address (HOME): Occupation: CONSUM Telephone: HOME E-mail address: <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
4	Name: SHEELAGH ANN JOINES Address (HOME): Occupation: RETIRE Telephone: HOME E-mail address: <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
5	Name: YVONNE ANN ASTRIDGE Address (HOME): Occupation: NURSE Telephone: HOME E-mail address: <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			



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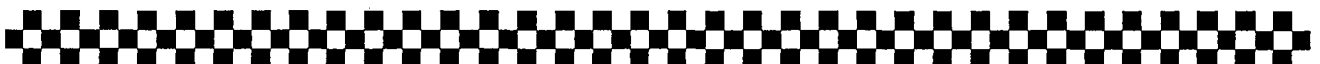
WITNESS LIST

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Page 2 of 5

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R v _____

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
6	Name: CHRISTINE JOICE Address (HOME): _____ Occupation: STAFF NUR Telephone: HOME E-mail address: _____ <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
7	Name: JUDITH COOKE Address (HOME): _____ Occupation: RETIRED Telephone: HOME E-mail address: _____ <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
8	Name: PATRICIA ELIZABETH WILKINS Address (HOME): _____ Occupation: SENIOR S Telephone: HOME E-mail address: _____ <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
9	Name: PAMELA SUSAN RIGG Address (HOME): _____ Occupation: COMMU Telephone: HOME E-mail address: _____ <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			
10	Name: CHRISTINE MARY DOLAN Address (HOME): _____ Occupation: STAFF NU Telephone: HOME E-mail address: _____ <div style="border: 1px dashed black; padding: 20px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>			



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Page 3 of 5

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Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
11	Name: MARY ELIZABETH MARTIN Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
12	Name: MARGARET ROSE COUCHMAN Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
13	Name: GERALDINE BROUGHTON Address (HOME): Code A Occupation: RETIRED NURSING SISTER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
14	Name: FIONA LORRAINE WALKER Address (HOME): Code A Occupation: SENIOR STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
15	Name: IRENE MARGARET DORRINGTON Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			



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Page 4 of 5

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Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
16	Name: MARGARET WIGFALL Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
17	Name: CATHERINE JEAN MARJORAM Address (HOME): Code A Occupation: SENIOR STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
18	Name: CHRISTINA ANN TYLER Address (HOME): Code A Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
19	Name: JEAN KATHLEEN MOSS Address (HOME): Code A Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			



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Page 5 of 5

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Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
20	Name: ELIZABETH BASSETT THOMAS Address (WORK): QUEEN ALEXANDRA HOSPITAL PSYSIOTHERAPY DEPARTMENT SOUTHWICK HILL ROAD COSHAM HAMPSHIRE Occupation: _____ Date of Birth: Code A Telephone: MOBILE Code A WORK Code A E-mail address: _____			
21	Name: WENDY ANN EDGAR Address (HOME): Code A Occupation: STUDENT NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address: _____			
22	Name: POLICE Code A Address (): _____ Occupation: Code A Date of Birth: _____ Telephone: _____ E-mail address: _____			
23	Name: POLICE Code A Address (): _____ Occupation: Code A Date of Birth: Code A Telephone: _____ E-mail address: _____			

