RESTRICTED

Form MG11(T)

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## WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: ASTRIDGE, YVONNE ANN

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CLINICAL MANAGER

This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed:

Yvonne ASTRIDGE

Date:

23/02/2005

I am Yvonne Ann ASTRIDGE and I live at an address known to the Police.

Further to my previous statement made to the Police in relation to Operation Rochester, an investigation into alleged suspicious deaths at the Gosport War Memorial Hospital, I would like to add that on page 155 of the medical notes, (exhibit BJC/30) relating to Elsie Hester LAVENDER dated 6<sup>th</sup> March 1996 (06/03/1996), I have written in a Patient's summary" Seen by Dr BARTON, medication other than through syringe driver discontinued as patient unrousable" I have signed this entry.

Unrousable means that she was deeply asleep, or comatose. Y ASTRIDGE

Because this patient was unable to swallow, the only route to administer medication considered was through a syringe driver. Y ASTRIDGE

Taken by: D WILLIAMSON

Signed: Yvonne ASTRIDGE

Signature Witnessed by: D WILLIAMSON

2004(1)