

**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: DOLAN, CHRISTINE MARY

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: STAFF NURSE

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This statement (consisting of 2 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: C M DOLAN

Date: 10/06/2003

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I am the above named person and I reside at an address known to Hampshire Police.

I am employed as a Staff Nurse (Grade D) at the Gosport War Memorial Hospital . I have worked at this hospital since 1986.

Up until March 2002 I worked on Sultan Ward, now I work on the Dolphin Day Ward.

In my opinion the general patient care was very good at the hospital.

I have used syringe drivers and have been on study days in order to learn about their use. I feel that I have received sufficient training in their use, they are an excellent means of administering a constant level of pain relief and I have had no concerns about their use. I have also no concerns about the prescription and administering of diamorphine at the hospital.

I am aware of previous police investigations at the hospital having seen it in the media.

I am also aware of the CHI report although I was not spoken to.

Signed: C M DOLAN  
2004(1)

Signature Witnessed by: