

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

WITNESS LIST

URN:
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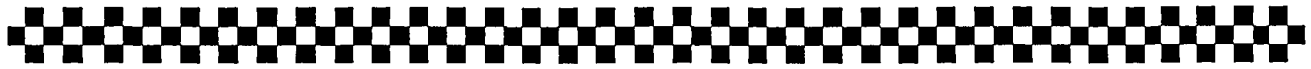
Date of completion:

* Tick if statement attached

R v GOSPORT WAR MEMORIAL HOSPITAL - ELSIE DEVINE

◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
1	Name: JOHN JAMES LANGHAM-BROWN Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
2	Name: TESSA VICTORIA LANCASTER Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
3	Name: ALTHEA EVERESTA GERADETTE LORD Address (HOME): Code A Occupation: CONSULTANT GERIATRICIAN Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
4	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:			
5	Name: GILLIAN ELIZABETH HAMBLIN Address (HOME): Code A Occupation: NURSING SISTER G GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			



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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	*	◆
6	Name: ELIZABETH JANE BELL Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
7	Name: FIONA LORRAINE WALKER Address (HOME): Code A Occupation: SENIOR STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
8	Name: LYNNE JOYCE BARRETT Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
9	Name: JOANNE DUNLEAVY Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
10	Name: CHRISTINE ELIZABETH EVANS Address (HOME): Code A Occupation: RGN STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			





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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	*	◆
11	Name: POLICE <input type="text" value="Code A"/> Address (): Occupation: <input type="text" value="Code A"/> Date of Birth: Telephone: E-mail address:			
12	Name: POLICE <input type="text" value="Code A"/> Address (): Occupation: <input type="text" value="Code A"/> Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			

