



HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

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

Statement of : **Dr Richard Ian REID**

Age if under 18 : **Over 21** (if over 18 insert 'over 18')

Occupation : **Consultant Geriatrician**

This statement (consisting of _____ pages 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 in it anything which I know to be false or do not believe to be true.

Signature : R I REID

Dated the 07 June 2000

I am the above named and I reside at the overleaf address. My qualifications are MB, CRB, FRCP (Glasgow), FRCP (London). I am a consultant in care of the elderly. I am employed by Portsmouth Healthcare Trust. Although I am based at the Queen Alexander Hospital I am often asked to give advice on the treatment of elderly patients in other wards and hospitals. I frequently attend the Royal Hospital Haslar to give such advice. I can see up to 10 patients a week in outside wards and hospitals.

I have been asked to comment about my involvement with one particular patient Gladys RICHARDS who was admitted to the Haslar Hospital in August 1998. I saw her after she had received a hernia-anthroplasty on her right hip following a fall at Glen Heathers nursing home. In laymans terms this was a semi-hip replacement.

I cannot remember Mrs RICHARDS as an individual patient but by referring to my letter dated 8th August 1998 (RIR/1) to Surgeon Commander SCOTT I can say the following.

When I saw Mrs RICHARDS on the 3rd August 1998 it was likely that she was physically well enough to be transported to Gosport War Memorial Hospital for attempted rehabilitation.

Having re-read the above letter I believe there is an error on page two line 5. The word 'a' prior to little discomfort should be deleted.

Signed : **R I REID**

Signature witnessed by : _____



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

Statement of : **Dr Richard Ian REID**

Home address : Code A

Home telephone No. : Code A Business telephone No. : 02392-Code A

Sex : **Male** Date and place of birth : Code A

Maiden name : Height : Identity Code : **1**

Dates to be avoided. Delete dates of non-availability of witness (not police officers)

Month of :							Month of :							Month of :						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31					29	30	31				
Month of :							Month of :							Month of :						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31					29	30	31				

Contact point, if different from above :

Address :

Telephone No. :

STATEMENT TAKEN BY : Code A

Station : **RF**

Time statement taken :

Place statement taken :

Signed : **R I REID**

Signature witnessed by : _____