

APP. A. 14.3.13
51
MG11(T)



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 : **Code A**

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

Occupation : **Medical Records Manager**

This statement (consisting of 1 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 : **Code A**

Dated the **25 February 2000**

I am the Medical Records Manager for the Commanding Officer and I work at the Royal Hospital Haslar.

I have been asked, by Detective Chief Inspector BURT, to provide a copy of a medical record relating to a former patient named Gladys Mabel RICHARDS who received treatment at this hospital during July and August 1998.

I produce a true copy of the medical record in question and it has, attached to it, a Hampshire Constabulary exhibit label marked AF/1/C which is signed by me.

Each of the 99 page sides, forming part of the copy file and containing information, is marked with an individual reference which is derived from the master reference AF/1/C/1-99.

I have retained the original copy of the medical records and attached to it is a Hampshire Constabulary exhibit label marked AF/1 which is signed by me.

I will make the original file available for inspection in connection with the police investigation process.

I also produce a 2 page schedule which details the 11 x-ray images which were taken of Mrs RICHARDS whilst she was admitted to the Royal Hospital Haslar. The schedule has attached to it a Hampshire Constabulary exhibit label marked AF/2 which is signed by me. The x-ray images, retained by me, are similarly labeled and marked AF/2/1-11.

Signed : **Code A**

Signature witnessed by : _____



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 : **Code A**

Home address :

Home telephone No. :

Business telephone No. :

Code A

Sex : **Female**

Date and place of birth :

Code A

Maiden name : **Code A**

Height : **Code A**

Identity Code : **Code A**

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 : **The Medical Records Office, Royal Hospital Haslar, Gosport, Hampshire PO12 2AA**

Telephone No. : **Code A**

STATEMENT TAKEN BY : **R J BURT DCI 7410**

Station : **Major Crime Complex, Support Headquarters, Fratton**

Time statement taken :

Place statement taken : **Royal Hospital Haslar, Gosport**

Signed : **Code A**

Signature witnessed by : _____