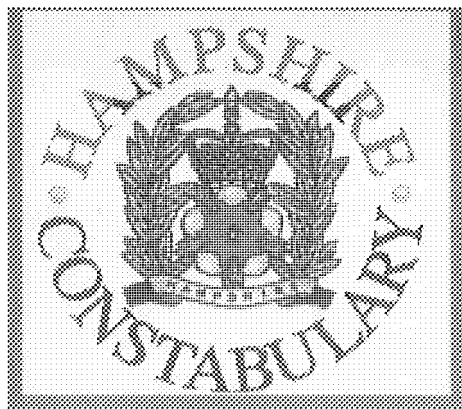


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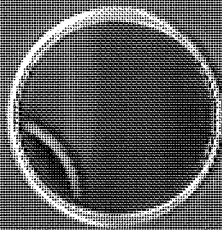
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ROCHESTER

GOSPORT WAR
MEMORIAL
HOSPITAL

ROBERT
WILSON

Volume 2

Witness list
Witness statements



**GMC AND BARTON INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18
JANUARY 2007.**

1. Index of all evidence obtained
2. Generic Case File
3. Generic Case File (exhibits)
4. Generic Case File (exhibits)
5. Generic Case File (further exhibits)
6. Generic Case File further evidence re: Devine, Cunningham and Lake
7. Generic Case File further evidence - interviews with Dr Reid
8. Devine Volume 1
9. Devine Volume 2
10. Devine Additional Evidence
11. Devine Hospital Medical Records
12. Spurgin Volume 1
13. Spurgin Volume 2
14. Spurgin - further evidence
15. Spurgin - further evidence
16. Spurgin Hospital Medical Records
17. Spurgin Hospital Medical Records
18. Cunningham Volume 1
19. Cunningham Volume 2
20. Cunningham Hospital Medical Records
21. Cunningham Hospital Medical Records
22. Packman Volume 1
23. Packman Volume 2
24. Packman - further evidence
25. Packman police interviews with Dr Reid
26. Packman Hospital Medical Records
27. Lake Volume 1

28. Lake Volume 2
29. Lake Hospital Medical Records
30. Lake Hospital Medical Records
31. Service Volume 1
32. Service Volume 2
33. Service Hospital Medical Records
34. Service Hospital Medical Records
35. Gregory Volume 1
36. Gregory Volume 2
37. Gregory Hospital Medical Records
38. Gregory Hospital Medical Records
39. Wilson Volume 1
40. Wilson Volume 2
41. Wilson Hospital Medical Records
42. Wilson Hospital Medical Records
43. Lavender Volume 1
44. Lavender Volume 2
45. Lavender Hospital Medical Records
46. Lavender Hospital Medical Records
47. Lavender Hospital Medical Records
48. Pittock Volume 1
49. Pittock Volume 2
50. Pittock Hospital Medical Records
51. Further evidence re: Wilson, Lavender & Pittock
52. GP Records for Spurgin, Pittock, Service, and packman
53. GP Records for Devine, Cunningham and Lavender
54. Copy Extracts from Patient Admission Records
55. Extracts from controlled drugs record book dated 26 June 1995 - 24 May 1996

56. Richards (Eversheds) file: 1 of 2
57. Richards (Eversheds) file: 2 of 2
58. Richards: Medical Records
59. Richards: Further Medical Records
60. Richards: Further Medical Records
61. Richards (Police) - Witness Statements file
62. Richards (Police) - Transcripts of Interviews file
63. Page (Experts' Reports and Medical Records)
64. Wilkie (Eversheds) file: Experts' Reports and Medical Records
65. Clinical Team Assessments for Page, Cunningham, Wilkie, Wilson and Richards.
66. Clinical Team Assessments for Devine, Gregory, Lavender, Packman, Spurgin, Lake and Pittock



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WITNESS LIST

Page 1 of 11

Date of completion:

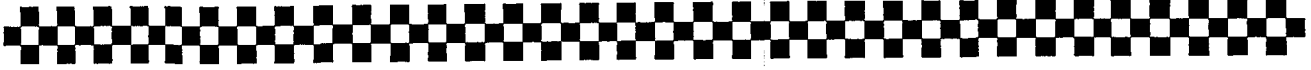
* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
1	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
2	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
3	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: TAXI DRIVER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
4	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: LOANS OFFICER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			





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URN:

Page 2 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
5	Name: Code A Address (HOME): Code A Occupation: RETIRED SERVICES Date of Birth: Code A Telephone: Code A E-mail address:			
6	Name: Code A Address (HOME): Code A Occupation: MODEL Date of Birth: Code A Telephone: Code A E-mail address:			
7	Name: Code A Address (HOME): Code A Occupation: SALES CONSULTANT Date of Birth: Code A Telephone: Code A E-mail address:			
8	Name: Code A Address (HOME): Code A Occupation: MATURE STUDENT Date of Birth: Code A Telephone: Code A E-mail address:			





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WITNESS LIST

URN:

Page 3 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
9	Name: ROBERT LOGAN Address (HOME): Code A Occupation: DRIVER Date of Birth: Code A Telephone: Code A E-mail address:			
10	Name: Code A Address (HOME): Code A Occupation: RETIRED GENERAL PRACTITIONER Date of Birth: Code A Telephone: Code A E-mail address:			
11	Name: TIMOTHY TAYLER Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: Code A E-mail address:			
12	Name: Code A Address (HOME): Code A Occupation: GENERAL PRACTITIONER Date of Birth: Code A Telephone: Code A E-mail address:			



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WITNESS LIST

URN:

Page 4 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
13	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: Code A E-mail address:			
14	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: Code A E-mail address:			
15	Name: ARUMUGAM RAVINDRANE Address (HOME): Code C Occupation: CONSULTANT PHYSICIAN Code C Telephone: Code C E-mail address:			
16	Name: JOHN ALBERT HENRY GRUNSTEIN Address (HOME): Code C Occupation: RETIRED CONSULTANT GERIATRICIAN Code C Telephone: Code C E-mail address:			

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WITNESS LIST

URN:

Page 5 of 11

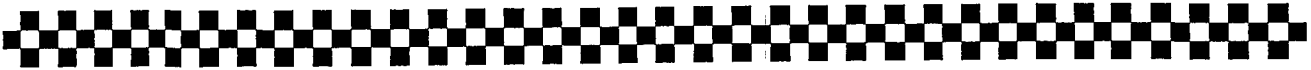
Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
17	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: DOCTOR LOCUM Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
18	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: DOCTOR Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
19	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: JUNIOR SISTER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
20	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: SENIOR LECTURER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			



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WITNESS LIST

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Page 6 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
21	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
22	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
23	Name: ALTHEA EVERESTA GERADETTE LORD Address (): Occupation: CONSULTANT GERIATRICIAN Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
24	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: SOCIAL WORKER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			



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Page 7 of 11

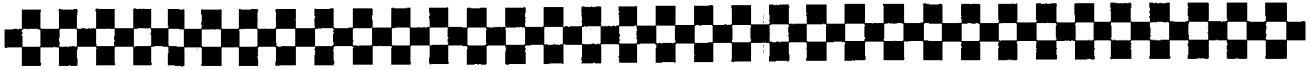
Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
25	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: DOCTOR Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
26	Name: ANTHONY CHARLES KNAPMAN Address (HOME): <input type="text" value="Code A"/> Occupation: GENERAL PRACTITIONER Date of Birth: <input type="text" value="Code A"/> Telephone: WORK <input type="text" value="Code A"/> E-mail address:			
27	Name: GILLIAN ELIZABETH HAMBLIN Address (): Occupation: NURSING SISTER G GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
28	Name: LYNNE JOYCE BARRETT Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			



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WITNESS LIST

URN:
Page 8 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
29	Name: DEBRA BARKER Address (HOME): Code A Occupation: STAFF NURSE D GRADE Date of Birth: Code A Telephone: Code A E-mail address:			
30	Name: IRENE MARGARET DORRINGTON Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: Code A E-mail address:			
31	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: Code A E-mail address:			
32	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: Code A E-mail address:			



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WITNESS LIST

URN:

Page 9 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
33	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: MEDICALLY RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
34	Name: FREDA VAUGHAN SHAW Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
35	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: NURSING SISTER Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			
36	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: <input type="text" value="Code A"/> E-mail address:			

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WITNESS LIST

URN:

Page 10 of 11

Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details <small>(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)</small>	Statement Number	*	◆
37	Name: SHIRLEY SANDRA HALLMANN Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: Code A E-mail address:			
38	Name: Code A Address (HOME): Code A Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: Code A Telephone: Code A E-mail address:			
39	Name: Code A Address (HOME): Code A Occupation: PATIENTS AFFAIRS OFFICER Date of Birth: Code A Telephone: Code A E-mail address:			
40	Name: POLICE CHRISTOPHER SCOTT YATES Address (): Occupation: POLICE OFFICER Code A Date of Birth: Telephone: E-mail address:			



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WITNESS LIST

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Page 11 of 11

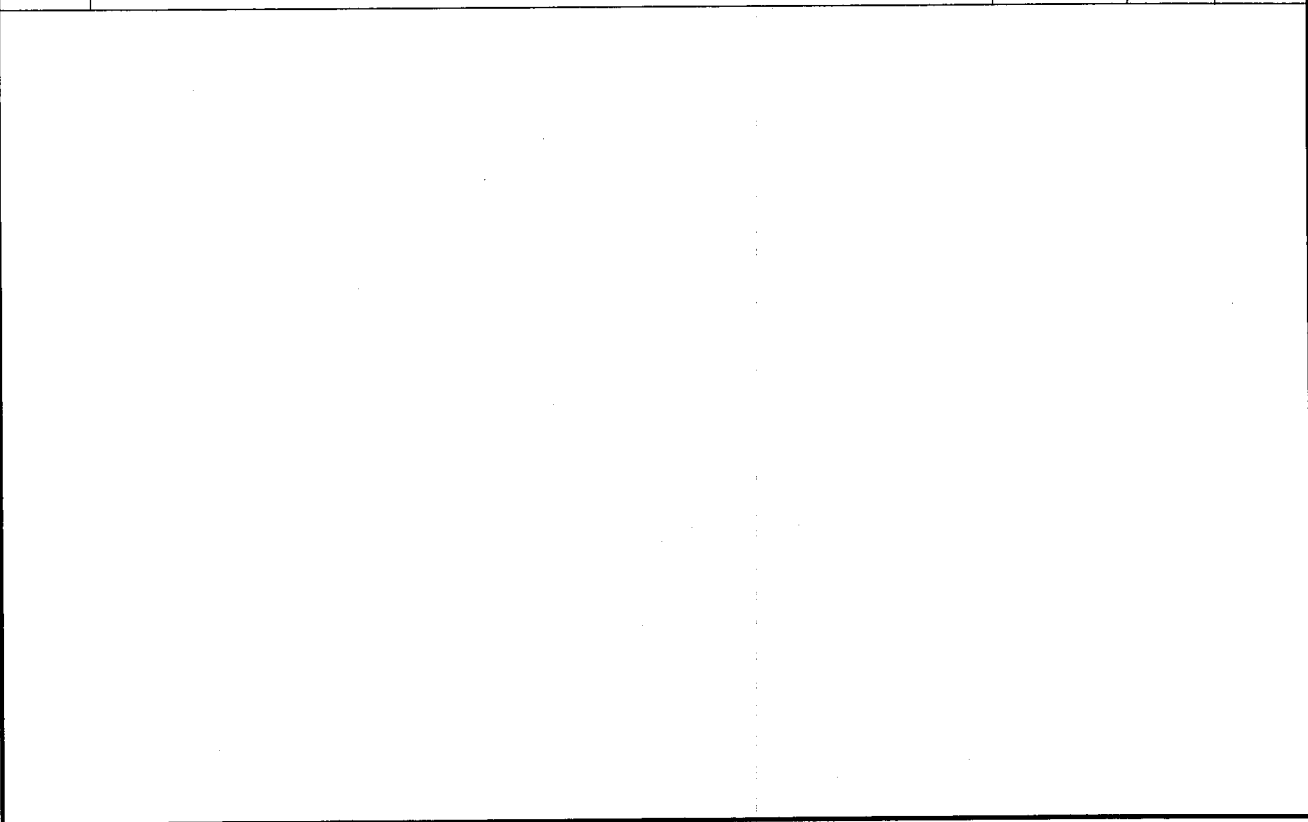
Date of completion:

* Tick if statement attached

◆ Previous convictions? Enter Y or N

R v _____

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	◆
41	Name: Code A Address (): Occupation: POLICE OFFICER Code A Date of Birth: Code A Telephone: E-mail address:			
42	Name: POLICE KATHRYN MARY ROBINSON Address (): Occupation: POLICE OFFICER Code A Date of Birth: Code A Telephone: E-mail address:			



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