

FFW/157/05





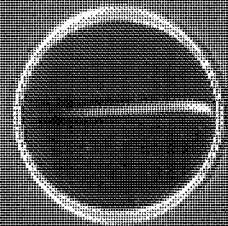
OPERATION
ROCHESTER

GOSPORT WAR
MEMORIAL
HOSPITAL

GEOFFREY
PACKMAN

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

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Page 1 of 7

Date of completion:

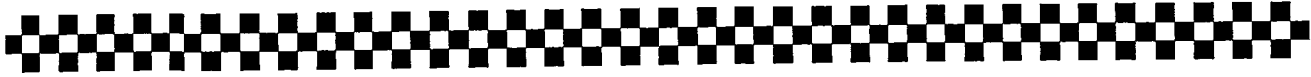
* Tick if statement attached

◆ 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: VICTORIA JANE PACKMAN Address (HOME): Code A Occupation: Code A Telephone: Code A E-mail address:			
2	Name: BETTY PACKMAN Address (HOME): Code A Occupation: Code A Telephone: E-mail address:			
3	Name: ELLIOTT BERESFORD Address (HOME): Code A Occupation: Code A Telephone: E-mail address:			
4	Name: DOROTHY BERESFORD Address (HOME): Code A Occupation: Code A Telephone: E-mail address:			





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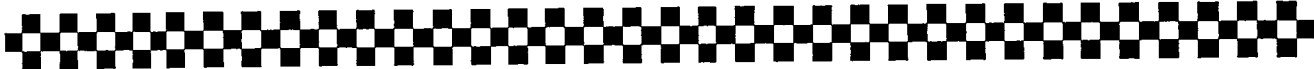
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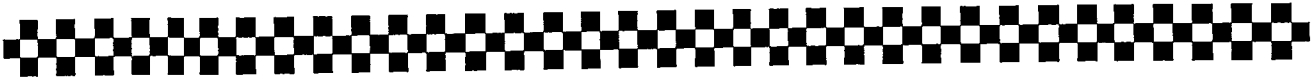
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◆ Previous convictions? Enter Y or N

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5	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: PRINCIPAL OFFICER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> MOBILE E-mail address:			
6	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: HOUSING MANAGER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> MOBILE E-mail address:			
7	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: HOME <input type="text" value="Code A"/> E-mail address:			
8	Name: <input type="text" value="Code A"/> Address (): Occupation: RETIRED PRIEST Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			





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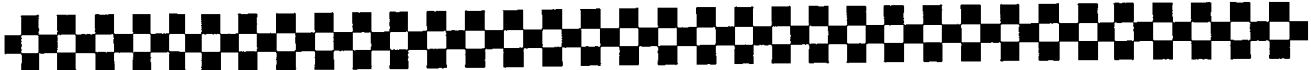
* Tick if statement attached

◆ 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: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A WORK Code A MOBILE Code A E-mail address:			
10	Name: Code A Address (): Occupation: DOCTOR Date of Birth: Code A Telephone: MOBILE Code A WORK Code A E-mail address:			
11	Name: Code A Address (HOME): Code A Occupation: CONSULTANT DERMATOLOGIST Date of Birth: Telephone: HOME Code A E-mail address:			
12	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: MOBILE Code A E-mail address:			





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WITNESS LIST

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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	*	◆
13	Name: Code A Address (HOME): Code A Occupation: GENERAL PRACTITIONER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
14	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
15	Name: Code A Address (HOME): Code A Occupation: CONSULTANT PHYSICIAN Date of Birth: Code A Telephone: HOME Code A WORK Code A MOBILE Code A E-mail address:			
16	Name: Code A Address (): Code A Occupation: NURSING SISTER G GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			





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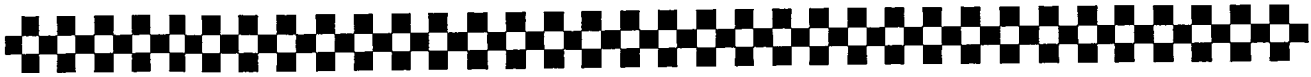
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17	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
18	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <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: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> MOBILE <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: STAFF NURSE E GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			





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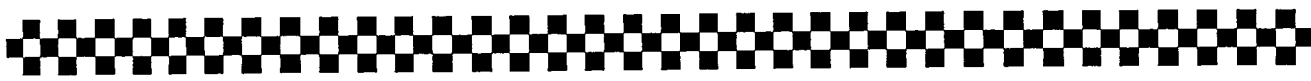
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◆ Previous convictions? Enter Y or N

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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	*	◆
21	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE F GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <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: STAFF NURSE E GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
23	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED NURSING AUXILIARY Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <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: MEDICAL SECRETARY Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> MOBILE <input type="text" value="Code A"/> E-mail address:			





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25	Name: <input type="text" value="Code A"/> Address (): Occupation: DEPARTMENT HEAD SCREENING AND MEDICAL RECORDS Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			
26	Name: <input type="text" value="Code A"/> Address (): Occupation: <input type="text" value="Code A"/> Date of Birth: Telephone: E-mail address:			
27	Name: <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:			



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