

FFW/157/01



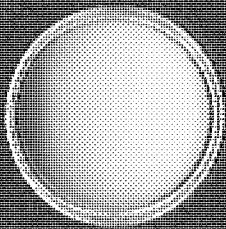
OPERATION
ROCHESTER

GOSPORT WAR
MEMORIAL
HOSPITAL

ARTHUR
CUNNINGHAM

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
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21. Cunningham Hospital Medical Records
22. Packman Volume 1
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28. Lake Volume 2
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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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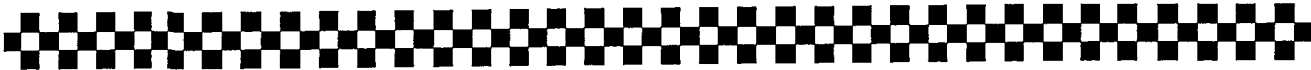
Date of completion:

* 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	*	◆
1	Name: Code A Address (HOME): Code A Occupation: Date of Birth: Code A Telephone: HOME Code A E-mail address:			
2	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
3	Name: Code A Address (HOME): Code A Occupation: GENERAL PRACTITIONER Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
4	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
5	Name: Code A Address (HOME): Code A Occupation: DOCTOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			



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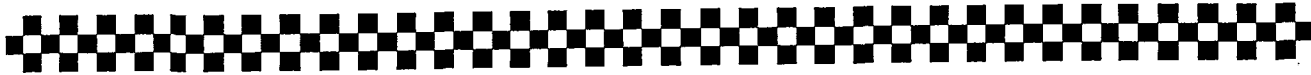
* Tick if statement attached

◆ 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	*	◆
6	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: HOME <input type="text" value="Code A"/> E-mail address:			
7	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF GRADE DOCTOR 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 (HOME): <input type="text" value="Code A"/> Occupation: REGISTRAR Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
9	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: DEPUTY MANAGER NURSING Date of Birth: <input type="text" value="Code A"/> HOME Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
10	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: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			





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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	*	◆
11	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: COMMUNITY PSYCHIATRIC NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: MOBILE <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
12	Name: <input type="text" value="Code A"/> Address (): <input type="text" value="Code A"/> Occupation: CONSULTANT GERIATRICIAN 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:			
13	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: CLINICAL ASSISTANT RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
14	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: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
15	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: SPEECH THERAPIST 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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Date of completion:

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◆ 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	*	◆
16	Name: Code A Address (): Occupation: NURSING SISTER G GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
17	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
18	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
19	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
20	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE D GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

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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: Code A Address (HOME): Code A Occupation: TEAM LEADER SOCIAL SERVICES Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
22	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
23	Name: Code A Address (HOME): Code A Occupation: RETIRED REGISTERED MENTAL NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
24	Name: Code A Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			



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Date of completion:
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◆ 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	*	◆
25	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
26	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
27	Name: Code A Address (HOME): Code A Occupation: RETIRED HEALTH CARE SUPPORT WORKER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
28	Name: Code A Address (HOME): Code A Occupation: HEALTH CARE WORKER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
29	Name: Code A Address (HOME): Code A Occupation: NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			





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Date of completion:
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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	*	◆
30	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: GP REGISTRAR Date of Birth: Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
31	Name: <input type="text" value="Code A"/> Address (): Occupation: Detective Constable <input type="text" value="Code A"/> Date of Birth: Telephone: E-mail address:			



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