

Other Document Form

Number

D 1277

Title UNUSUAL MATTER

Code A

(Include source and any document number if relevant)

Receivers instructions urgent action Yes No

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further actions no(s)

Code A

O/M

SIO

Indexer

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

UNUS ED

Code A

MG11T



HAMPSHIRE CONSTABULARY

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RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

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

URN //

Statement of :

Age if under 18: 0 18 (if over 18 insert 'over18') Occupation: Nurse

This statement (consisting of page(s) 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:

Date:

Tick if witness evidence is visually recorded (supply witness details on rear)

I have been in the nursing profession for over 25 years, I am a fully trained ^{RGN}SEN. I trained at The

Portsmouth School of Nursing in 1976. My RGN. NMC number is 75K0264E and my RCN number is

Code A I worked at The Royal Hospital, Portsmouth throughout the 1970's until it closed. I had general experience in surgical, medical, children's nursing, private nursing, and orthopaedic nursing. I then moved

to The Queen Alexandra Hospital, Cosham, where I worked on the orthopaedic wards. I left the Queen Alexandra Hospital in 19xx when I went to work with autistic adolescents at Anglesey Lodge, Alverstoke.

In 19xx I started working at Gosport War Memorial Hospital. Initially I worked on the children's ward, at this time the hospital was carrying out minor ENT and orthopaedic operations. The NHS closed down the

children's ward in 19xx and I moved onto ^{the male, terminal care, dermatology, 61 unit} Daedalus ward, which is where I have been ever since. I was at ^{Elderly service, closed theatre - Daedalus} that time and still am an "E" grade nurse. I currently work two nights a week. As an "E" grade Staff Nurse I

would mostly take charge of the ward, and would often take the keys to the hospital.

I have been asked about my knowledge of a patient named Elsie LAVENDER, I cannot remember this patient. I have been shown original documents relating to Elsie LAVENDER and concerning her stay at

Gosport War Memorial Hospital (BJC/30.)

Signed : _____

Signature witnessed by : _____



MG11T

HAMPSHIRE CONSTABULARY

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WITNESS STATEMENT

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

URN //

Statement of :

I have been shown several pages of these notes and make the following comments.

Code A

Signed : _____

Signature witnessed by : _____

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WITNESS STATEMENT

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

URN //

Statement of :

[Large empty rectangular box for the witness statement content]

Code A

Signed : _____

Signature witnessed by : _____

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WITNESS STATEMENT

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

URN //

Statement of :

Code A

Signed : _____

Signature witnessed by : _____

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HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only **WITNESS STATEMENT**

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

URN //

Statement of :

Home Address: Code A

Post Code : Code A

Code A

Home Telephone No: Code A

Mobile / Pager No:

E-Mail Address (if applicable and witness wishes to be contacted by e-mail):

Contact Point (if different from above):

Address:

Work Telephone No:

Male Female Date and Place of Birth: Code A

Maiden name: Height: Ethnicity Code: British

State dates of witness non-availability:

Code A

Statement taken by (print name): Code A

Station: MCD,

Time and place statement taken:

Signature of witness: _____

Signed : _____

Signature witnessed by : _____

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PORTSMOUTH Patient Name
HealthCare

Code A

Page

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MR 200

UNIT NO.

HOSPITAL

Name . . .
(Surname) B E T S O O
Address LAUENDER 3316

Code A

HISTORY SHEET

DR. A. W. MATTHEWS

Date of Birth DR E J PETERS

Family Dr.

DATE

CLINICAL NOTES
(Each entry must be signed)

Code A

Code A

Mn . e. LI .

