

### RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY URN: Page 1 of 13 WITNESS LIST Date of completion: \* Tick if statement attached Previous convictions? Enter Y or N R v Statement Witness Details Wit No Number (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) IRENE MARGARET DORRINGTON Name: Code A Address (HOME): Occupation: STAFF NURSE E GRADE Date of Birth: Code A Code A Telephone: HOME E-mail address: 2 **SYLVIA ROBERTA GIFFIN** Name: Code A Address (HOME):

	Occupation:	STAFF NU	RSE E GRADE	Date of Birth:	Codo A			
	Telephone:	HOME	Code A	WORK	Code A			
	E-mail addres	ss:	1		· · · · · · · · · · · · · · · · · · ·			
3	Name:	MARGARI	ET JUNE PARTRIDG	<b>E</b>				:
	Address (HOI	ME):	(	Code A				
	Occupation:	RETIRED		Date of Birth:	Code A			
	Telephone:	HOME	Code A	i.	i	,		
	E-mail addre	ss:						
4	Name:	IRIS GOLI	OSMITH					
	Address (HO	ME):	C	ode A				
	Occupation:		,	Date of Birth:	Code A			
	Telephone: E-mail addre		Code A		·		}	
5	Name:	BEVERLE	Y ANNE TURNBULL					
	Address (HO	ME):	Co	de A				
			JRSE E GRADE		Code A			
Į	Telephone: E-mail addre		Code A	WORK				



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6	(	TUBBRITT					
	Address (HOME):	C	ode A				
	Occupation: STAFF	NURSE F GRADE	Date of Birth:				
	Telephone: HOME	Code A	WORK	Code A			
-	E-mail address:			<u> </u>			
7	Name: ISOBEL	_ EVANS					
	Address (HOME):		Code A				
	Occupation: RETIRE MANAG		Date of Birth:	Code A			
	Telephone: HOME	Code A					
	E-mail address:						į.
8	Name: KEITH	PAUL MURRAY					
	Address (HOME):		Code A				
	Occupation: RCN CO Telephone: E-mail address:	DNVENOR	Date of Birth: WORK	Code A			
9	Name: STEVE	KING					
	Address (HOME):	C	ode A				
	Occupation: RISK SI	ERVICES MANAGER	Date of Birth:	Code A		-	
	Telephone: HOME	Code A		\!			
	E-mail address:					-	
10	Name: GERAF	RDINE MARTINA WHIT	rney				
	Address (HOME):		Code A				
	Occupation: FULL T Telephone: HOME E-mail address:	<b>A</b> . I . A	Date of Birth: WORK	Code A			



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11	Name: SUSA	AN ANN FROS	ST					
	Address (HOME):		Co	ode A				
	Occupation: DEAN AND	N OF SCHOOL HEALTH SCIE		Date of Birth:				
	Telephone: HON	Co	de A					
	E-mail address:	L	i					
12	Name: STEF	PHEN ROBER	T BARNES	·				
	Address (HOME):		Co	ode A				
	Occupation: RCN	i	·····	Date of Birth:	Code A			
	Telephone: HON	<sup>∕IE</sup> Cod	le A	WORK	Jour A			
	E-mail address:							
13	Name: ANTO	ONIA JANE SO	CAMMELL		·			
	Address (HOME):		C	ode A	r			
	Occupation: SENI	OR NURSE		Date of Birth:	Code A			
	Telephone: HON E-mail address:	ME Co	de A	WORK	Code A			
14	Name: JANI	ET PEACH				·		
	Address (HOME):		Со	de A				
	Occupation: HOSI	PITAL SERVIC	E MANAGER	Date of Birth:				
	Telephone: HON	ME Cod	A et	WORK	Code A			
	E-mail address:	L			ii			
15	Name: JANI	E ELIZABETH	PARVIN					
	Address (HOME):		Co	de A				
	Occupation: PER	SONNEL DIRE	CTOR	Date of Birth:				
	Telephone: HOI E-mail address:	ME Co	A ek	WORK	Code A			



R	ESTRICTED – FOR POLICE, PROSECUTION, AND THE WORLY	TINESS SEI	RVICE
		of completion:	URN: Page 4 of 13
Rν		Statement	? Enter Y or N
Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidate	,	* •
16	Name: KATHRYN ELIZABETH ROWLES	,	
	Address (HOME): Code A		
	Occupation: DIRECTOR OF PUBLIC HEALTH Date of Birth: Telephone: HOME Code A WORK E-mail address:	<b>A</b>	
17	Name: SUSAN GALLEY  Address (HOME): Code A  Occupation: COMMUNICATIONS MANAGER Date of Birth: WORK  Telephone: WORK  E-mail address:	<b>A</b>	
18	Name: BETTY WOODLAND		
	Address (HOME):  Code A  Occupation: RISK ADVISER AND FACILITATOR  Telephone: HOME Code A  E-mail address:		
19	Name: MARGARET WIGFALL		
	Address (HOME): Code A		
	Occupation: STATE ENROLLED NURSE Date of Birth: Code A  E-mail address:	<b>A</b> ]	
20	Name: GILLIAN MARY RYDER  Address (HOME): Code A  Occupation: STAFF NURSE Date of Birth: Code A		
	Telephone: HOME Code A  E-mail address:		



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R v Wit No	Witness Details	Statement Number	* •	<u> </u>
21	(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)  Name: ELIZABETH MARY MEARS			
	Address (HOME): Code A			
	Occupation: RETIRED Date of Birth: Code A  Telephone: HOME Code A  E-mail address:			
22	Name: PAMELA SUSAN RIGG Address (HOME): Code A			
	Occupation: COMMUNITY STAFF NURSE Date of Birth: Telephone: HOME Code A  E-mail address:  Date of Birth: WORK			-
23	Name: CAROL ELIZABETH BALL Address (HOME): Code A			
	Occupation: STAFF NURSE  Telephone: HOME			
24	Name: Code A			
	Address (HOME):  Code A  Occupation: STUDENT Date of Birth: Code A  Telephone: E-mail address:			
25	Name: SUE A DONNE Address (HOME): Code A			
	Occupation: STAFF NURSE F GRADE Date of Birth: Code A Telephone: E-mail address:			



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it No	(In the 'Wit.No.' column e	Witness Deta	i <b>lS</b> cictim, 'Vu' if vulnerab	ele or intimidated)	Statement Number	*	<u></u>
26		IZABETH MARTIN					
	Address (HOME):	C	ode A				
	Occupation: RETIRED		Date of Birth:	Code A	-	  *	
	Telephone: HOME	Code A					
27		SANDRA HALLMANN					
21	Name: SHIRLEY Address (HOME):		ode A	ļ			
	Occupation: STAFF NU	JRSE	Date of Birth:	Code A			
	Telephone: HOME	Code A	WORK	ooue A			
28	Name: JOAN MC	CILROY					
	Address (HOME):	[	Code A				
	Occupation: RETIRED	i	Date of Birth:	Code A			
	Telephone: HOME	Code A		'			
	E-mail address:	t:					
29	Name: TINA MA	RIE DOUGLAS			:		
	Address (HOME):	C	ode A				
	Occupation: STAFF N	URSE	Date of Birth:	Code A			
	Telephone: HOME	Code A					
	E-mail address:					-	-
30	, rame.	E SPILKA					
	Address (HOME):	Co	de A		)   		
	Occupation: PROVIDI	ENT AGENT	Date of Birth:	Code A			
	Telephone: HOME	Code A	WORK		<u> </u>		
	E-mail address:						



#### RESTRICTED - FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY URN: Page 7 of 13 WITNESS LIST Date of completion: Tick if statement attached Previous convictions? Enter Y or N R v Witness Details Statement • Wit No Number (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) 31 JOAN DOROTHY FORFAR Name: Code A Address (HOME): Date of Birth: Occupation: RETIRED Code A HOME Telephone: E-mail address: 32 SUSAN ELIZABETH CORLESS Name: Code A Address (HOME): Occupation: LEARNING SUPPORT Date of Birth: **ASSISTANT** Code A Telephone: HOME E-mail address: 33 Name: JANINE ELISE MONDEY Address (HOME): Code A Date of Birth: Occupation: WARD CLERK Code A Code A Telephone: HOME E-mail address: 34 Name: **MARGARET BRENNAN** Address (HOME): Code A Date of Birth: Occupation: RETIRED Code A Telephone: **HOME** E-mail address: 35 Name: **JOYCE TEE** Code A Address (HOME): Occupation: EX NURSING AUXILIARY Date of Birth: Code A Telephone: **HOME** Code A E-mail address:



#### RESTRICTED - FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY **URN**: Page 8 of 13 WITNESS LIST Date of completion: \* Tick if statement attached Previous convictions? Enter Y or N R v Statement Witness Details Wit No Number (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) 36 **DEBRA MARIA BROOKS** Name: Code A Address (HOME): Occupation: STAFF NURSE Date of Birth: Code A Code A Telephone: HOME E-mail address: 37 JANE ROSALIND BASSON Name: Address (HOME): Code A Occupation: REGISTERED GENERAL NURSE Date of Birth: Code A HOME Telephone: Code A E-mail address: 38 KAREN ELIZABETH DIAMOND Name: Address (HOME): Code A Occupation: PHYSIO TECHNICIAN Date of Birth: Code A Code A Telephone: **HOME** E-mail address: 39 **VALERIE ANN WEBB** Name: Code A Address (HOME): Occupation: STAFF NURSE Date of Birth: Code A Telephone: E-mail address: 40 MARGARET ROSE PERRYMAN Name: Code A Address (HOME): Occupation: MEDICALLY RETIRED Date of Birth: Code A HOME Code A Telephone: E-mail address:



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41			ATRICK ALDRIDG			-		
	Address (HOM	E):		Code A			-	
	Occupation: \$	STAFF NU	RSE	Date of Birth:	Code A			
	Telephone:	HOME	Code A		L			
	E-mail address	s:						
42	Name:	SHEELAG	H ANN JOINES					
	Address (HOM	E):	(	Code A				
	Occupation:	RETIRED	RGN	Date of Birth:	Code A			
	Telephone:	HOME	Code A					
	E-mail address	s:	<u></u>					
43	Name:	JULIA FL	ETCHER					
	Address (HOM	IE):		Code A				
	Occupation:	MEDICINE INFORMA	S / PHARMASIST TION MANAGER	Date of Birth:	Code A			
	Telephone:	MOBILE	Code A	WORK				
	E-mail address	s:	<u> </u>					
44	Name:	BEVERLY	/ JANE CARTER					
	Address (HOM	1E):		Code A		*.		
			ENT SERVICES	Date of Birth:				
	Telephone:	MANAGEI HOME	Code A	WORK	Code A			
	E-mail addres	s:						
45	Name:	JANICE F	RIX					
	Address (HON	ΛE):	C	ode A				
	Occupation:	CIVIL SEF		Date of Birth:	·	,		
	Telephone:	HOME	Code A	WORK	Code A			
1	E-mail addres	ss:		<u> </u>				



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46	Name: POLICE Code A Address ():			
	Occupation: Detective Constable Code A Date of Birth:  Telephone: WORK Code A  E-mail address:			
47	Name: POLICE Code A  Address ():			
	Occupation: Detective Constable Code A Date of Birth:  Telephone: WORK Code A  E-mail address:			
48	Name: THERESA ANNE STEPHENS  Address (WORK): HAMPSHIRE AND ISLE OF WIGHT PRACTITIONERS AND PATIENTS SERVICE AGENCY COITBURY HOUSE FRIARSGATE WINCHESTER HAMPSHIRE			
	Occupation: ACCESS TO MEDICAL RECORDS Date of Birth: COORDINATOR  Telephone: WORK  E-mail address:			
49	Name: JEFFREY J WATLING			
	Address (HOME): Code A			
	Occupation: PHARMACY SERVICES MANAGER Telephone: HOME Code A  WORK  Date of Birth: WORK			
	E-mail address:			
50	Name: Code A Code A Code A			
	Occupation: PERSONNEL ASSISTANT Date of Birth: Telephone: HOME Code A WORK  E-mail address:			



#### RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE **ONLY** URN: Page 11 of 13 WITNESS LIST Date of completion: Tick if statement attached Previous convictions? Enter Y or N Rν Statement Witness Details Wit No Number (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) 51 Name: Code A Address (HOME): Code A Date of Birth: Code A Occupation: SECRETARY Telephone: HOME Code A E-mail address: 52 **ANDREW WILLIAM CAIRNS** Name: Address (HOME): Code A Occupation: GENERAL PRACTITIONER SELF Date of Birth: **EMPLOYED** Code A WORK Code A HOME Telephone: E-mail address: **JACQUELINE ANN SPRAGG** 53 Name: Code A Address (HOME): Occupation: PATIENTS AFFAIRS OFFICER Date of Birth: Code A Code A WORK HOME Telephone: E-mail address: 54 Code A Name: Address (WORK): Code A Date of Birth: Occupation: CIVIL SERVANT Telephone: E-mail address: 55 Name: Code A Address (): Date of Birth: SECRETARY TO PERSONNEL Occupation: DIRECTOR Code A WORK Telephone: E-mail address:



# RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

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### WITNESS LIST

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Date of completion:

\* Tick if statement attached

Rv	◆ Previou	s convictions	?Enter Y	or N
Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	*	<b>*</b>
56	Name: JAMES RIPLEY			
	Address (HOME): Code A			
	Occupation: RETIRED ELECTRICAL Date of Birth: Code A MANAGER			
	Telephone: HOME Code A  E-mail address:			
57	Name: PAULE RIPLEY			
	Address (HOME): Code A			
	Occupation: RETIRED Date of Birth: Code A			
	Telephone: HOME Code A  E-mail address:			
58	Name: RICHARD HENRY BAKER			
	Address (WORK): LEICESTER GENERAL HOSPITAL CLINICAL GOVERNANCE RESEARCH AND DEVELOPMENT UNIT GWENDOLEN ROAD LEICESTER LEICESTERSHIRE LE54PW			
	Occupation: DIRECTOR AND PROFESSOR OF Date of Birth: QUALITY IN HEALTH CARE  Code A		-	
	Telephone: HOME Code A WORK E-mail address:			
5 <b>9</b>	Name: POLICE Code A			
	Address ():			
	Occupation: Detective Constable Code A Date of Birth: Code A			
	Telephone:			
	E-mail address:			





## RESTRICTED - FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

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**WITNESS LIST** 

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Date of completion:

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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	*
60	Name: POLICE Code A		
	Address ():		-
	Occupation: Date of Birth:		
	Telephone:	·	
	E-mail address:		