

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

WITNESS LIST

URN:

Page 1 of 13

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: IRENE MARGARET DORRINGTON Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
2	Name: SYLVIA ROBERTA GIFFIN Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
3	Name: MARGARET JUNE PARTRIDGE Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
4	Name: IRIS GOLDSMITH Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
5	Name: BEVERLEY ANNE TURNBULL Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

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

WITNESS LIST

URN:

Page 2 of 13

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	*	◆
6	Name: ANITA TUBBRITT Address (HOME): Code A Occupation: STAFF NURSE F GRADE Date of Birth: Telephone: HOME Code A WORK Code A E-mail address:			
7	Name: ISOBEL EVANS Address (HOME): Code A Occupation: RETIRED PATIENT CARE MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
8	Name: KEITH PAUL MURRAY Address (HOME): Code A Occupation: RCN CONVENOR Date of Birth: Code A Telephone: WORK E-mail address:			
9	Name: STEVE KING Address (HOME): Code A Occupation: RISK SERVICES MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
10	Name: GERARDINE MARTINA WHITNEY Address (HOME): Code A Occupation: FULL TIME RCN OFFICER Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			

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

WITNESS LIST

URN:
Page 3 of 13

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	*	◆
11	Name: SUSAN ANN FROST Address (HOME): Code A Occupation: DEAN OF SCHOOL OF HUMAN AND HEALTH SCIENCES Date of Birth: Telephone: HOME Code A E-mail address:			
12	Name: STEPHEN ROBERT BARNES Address (HOME): Code A Occupation: RCN OFFICER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
13	Name: ANTONIA JANE SCAMMELL Address (HOME): Code A Occupation: SENIOR NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
14	Name: JANET PEACH Address (HOME): Code A Occupation: HOSPITAL SERVICE MANAGER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
15	Name: JANE ELIZABETH PARVIN Address (HOME): Code A Occupation: PERSONNEL DIRECTOR Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

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

WITNESS LIST

URN:
Page 4 of 13

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	*	◆
16	Name: KATHRYN ELIZABETH ROWLES Address (HOME): Code A Occupation: DIRECTOR OF PUBLIC HEALTH Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
17	Name: SUSAN GALLEY Address (HOME): Code A Occupation: COMMUNICATIONS MANAGER Date of Birth: Code A Telephone: WORK Code A E-mail address:			
18	Name: BETTY WOODLAND Address (HOME): Code A Occupation: RISK ADVISER AND FACILITATOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
19	Name: MARGARET WIGFALL Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
20	Name: GILLIAN MARY RYDER Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			

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

WITNESS LIST

URN:

Page 5 of 13

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	*	◆
21	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: Code A Telephone: HOME Code A WORK E-mail address:			
23	Name: CAROL ELIZABETH BALL Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
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:			

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

WITNESS LIST

URN:

Page 6 of 13

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	*	◆
26	Name: MARY ELIZABETH MARTIN Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
27	Name: SHIRLEY SANDRA HALLMANN Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
28	Name: JOAN MCILROY Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
29	Name: TINA MARIE DOUGLAS Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
30	Name: PAULINE SPILKA Address (HOME): Code A Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

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

WITNESS LIST

URN:

Page 7 of 13

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	*	◆
31	Name: JOAN DOROTHY FORFAR Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
32	Name: SUSAN ELIZABETH CORLESS Address (HOME): Code A Occupation: LEARNING SUPPORT Date of Birth: ASSISTANT Telephone: HOME Code A E-mail address:			
33	Name: JANINE ELISE MONDEY Address (HOME): Code A Occupation: WARD CLERK Date of Birth: Code A Telephone: HOME Code A E-mail address:			
34	Name: MARGARET BRENNAN Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
35	Name: JOYCE TEE Address (HOME): Code A 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

WITNESS LIST

URN:

Page 8 of 13

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	*	◆
36	Name: DEBRA MARIA BROOKS Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
37	Name: JANE ROSALIND BASSON Address (HOME): Code A Occupation: REGISTERED GENERAL NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
38	Name: KAREN ELIZABETH DIAMOND Address (HOME): Code A Occupation: PHYSIO TECHNICIAN Date of Birth: Code A Telephone: HOME Code A E-mail address:			
39	Name: VALERIE ANN WEBB Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: E-mail address:			
40	Name: MARGARET ROSE PERRYMAN Address (HOME): Code A Occupation: MEDICALLY RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			

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

WITNESS LIST

URN:

Page 9 of 13

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: LESLIE PATRICK ALDRIDGE Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
42	Name: SHEELAGH ANN JOINES Address (HOME): Code A Occupation: RETIRED RGN Date of Birth: Code A Telephone: HOME Code A E-mail address:			
43	Name: JULIA FLETCHER Address (HOME): Code A Occupation: MEDICINES / PHARMASIST INFORMATION MANAGER Date of Birth: Code A Telephone: MOBILE Code A WORK E-mail address:			
44	Name: BEVERLY JANE CARTER Address (HOME): Code A Occupation: OUTPATIENT SERVICES MANAGER Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
45	Name: JANICE RIX Address (HOME): Code A Occupation: CIVIL SERVANT Date of Birth: Telephone: HOME Code A WORK Code A E-mail address:			

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

WITNESS LIST

URN:

Page 10 of 13

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	*	◆
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 COORDINATOR Date of Birth: Telephone: WORK Code A E-mail address:			
49	Name: JEFFREY J WATLING Address (HOME): Code A Occupation: PHARMACY SERVICES MANAGER Date of Birth: Telephone: HOME Code A WORK Code A E-mail address:			
50	Name: Code A Address (HOME): Code A Occupation: PERSONNEL ASSISTANT Date of Birth: Telephone: HOME Code A WORK Code A E-mail address:			

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

WITNESS LIST

URN:

Page 11 of 13

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	*	◆
51	Name: Code A Address (HOME): Code A Occupation: SECRETARY Date of Birth: Code A Telephone: HOME Code A E-mail address:			
52	Name: ANDREW WILLIAM CAIRNS Address (HOME): Code A Occupation: GENERAL PRACTITIONER SELF Date of Birth: Code A EMPLOYED Telephone: HOME Code A WORK Code A E-mail address:			
53	Name: JACQUELINE ANN SPRAGG Address (HOME): Code A Occupation: PATIENTS AFFAIRS OFFICER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
54	Name: Code A Address (WORK): Code A Occupation: CIVIL SERVANT Date of Birth: Telephone: E-mail address:			
55	Name: Code A Address (): Occupation: SECRETARY TO PERSONNEL Date of Birth: DIRECTOR Telephone: WORK Code A E-mail address:			

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

WITNESS LIST

URN:

Page 12 of 13

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	*	◆
56	Name: JAMES RIPLEY Address (HOME): Code A Occupation: RETIRED ELECTRICAL MANAGER Date of Birth: Code A 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 QUALITY IN HEALTH CARE Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
59	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**

WITNESS LIST

URN:

Page 13 of 13

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