

**RESTRICTED**

Form MG11(T)

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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)

Statement of: SPRAGG, JACQUELINE ANN

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

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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 anything which I know to be false or do not believe to be true.

Signed: J.A Spragg

Date: 06/06/2005

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I am Jacqueline Ann SPRAGG and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6<sup>th</sup> June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers 231651 to 231700) containing the stub of certificate No. 231670. This stub relates to the cause of death certificate for the patient Robert WILSON who died at the Gosport War Memorial Hospital on 18/10/98 (18/10/1998). This stub is available with an ID Ref JAS/CODC/2.

Signed: J.A Spragg  
2004(1)

Signature Witnessed by: