| 9 | Cod | de A |
|----|------------|------------|
| 12 | BAKER | Richard |
| 5 | Cod | A eb |
| 3 | BARNES | Stephen |
| 8 | Cod | e A |
| 7 | BRENNAN | Margaret |
| 8 | Cod | de A |
| 11 | BURGESS | David |
| 11 | CAIRNS | Andrew |
| 9 | CARTER | Beverley |
| 7 | Coc | le A |
| 5 | DAVIES | Deborah |
| 8 | DIAMOND | Karen |
| 10 | DIX | Irene |
| 5 | DONNE | Sue |
| 1 | DORRINGTON | l irene |
| 6 | DOUGLAS | Tina |
| 2 | EVANS | isobel |
| 11 | Cod | le A |
| 9 | FLETCHER | Julia |
| 7 | Cod | e A |
| 3 | FROST | Susan |
| 4 | GALLEY | Susan |
| 1 | GIFFIN | Sylvia |
| 1 | GOLDSMITH | Iris |
| 6 | Code | • A |
| 9 | JOINES | Shelagh |
| 11 | JORDAN | Wendy |
| 2 | KING | Steve |

| 6 | Code | A |
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| 6 | MCILROY | Joan |
| 5 | C | ode A |
| 7 | MONDEY | Janine |
| 2 | MURRAY | Keith |
| 1 | PARTRIDGE | Margaret |
| 3 | PARVIN | Jane |
| 3 | PEACH | Janet |
| 8 | Co | ode A |
| 13 | Co | de A |
| 5 | R Cod | de A |
| 12 | RIPLEY | James |
| 12 | RIPLEY | Paula |
| 9 | RIX | Janice |
| 12 | (| Code A |
| 4 | ROWLES | Kathryn |
| 10 | Co | ode A |
| 4 | Code | e A |
| 3 | SCAMMELL | Antonia |
| 6 | SPILKA | Pauline |
| 11 | SPRAGG | Jacqueline |
| 10 | STEPHENS | Theresa |
| 7 | Code | Α |
| 2 | TUBBRITT | Anita |
| 1 | TURNBULL | Beverley |
| 10 | WATLING | Jeffrey |
| 8 | Code | e A |
| 2 | WHITNEY | Geraldine |
| 4 | Cod | le A |
| 4 | WOODLAND | Betty |



| R | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WIT ONLY | NESS SE | RVICI | C |
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| | WITNESS LIST | | Page 1 | of 13 |
| | Date of c | completion: | - | |
| . <u>_</u> | | atement atta | | - - |
| Rv | ◆ Previous Witness Details | Convictions | ?Enter Y | or N |
| Wit No | (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: STAFF NURSE E GRADE Date of Birth: Code A | | | ٠. |
| | 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: 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: | | | |



| R | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WIT ONLY | NESS SE | RVICE | |
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| | WITNESS LIST | | Page 2 | of 13 |
| Rv | ★ Tick if st | ompletion: atement atta | | or N |
| Wit No | Witness Details | Statement Number | * | • |
| 6 | (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) | Number | | |
| · | Name: ANITA TUBBRITT Address (HOME): Codo A | | | |
| | Address (HOME): Code A | | | · |
| | Occupation: STAFF NURSE F GRADE Date of Birth: Code A | | | |
| | Telephone: HOME Code A WORK Code A E-mail address: | | - | |
| 7 | Name: ISOBEL EVANS | | | |
| | Address (HOME): Code A | | | |
| | Occupation: RETIRED PATIENT CARE Date of Birth: Code A MANAGER | | | |
| | Telephone: HOME Code A E-mail address: | | | |
| 8 | Name: KEITH PAUL MURRAY | | | |
| | | <u> </u> | | |
| | Code A | <u>.</u> | | |
| | Occupation: RCN CONVENOR Date of Birth: Code A | | | |
| | Telephone: WORK Code A | | | |
| | 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 | | | |
| i | Telephone: HOME Code A WORK Code A E-mail address: | | · | |
| | | | | |



| R | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WIT ONLY | NESS SE | RVICE |
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| | WITNESS LIST | | URN: Page 3 of 13 |
| | | completion: tatement atta | ched |
| Rv | ◆ Previous | 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 | * • |
| 11 | Name: SUSAN ANN FROST | | |
| | Address (HOME): Code A | | |
| | Occupation: DEAN OF SCHOOL OF HUMAN Date of Birth: AND HEALTH SCIENCES | | |
| | 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 | × 1 | |
| | Telephone: HOME Code A WORK Code A E-mail address: | | |



| WITNESS LIST Date of completion: * Tick if statement attached * Previous convictions? Enter Y or N Wit No (In the 'Wil.No.' column enter 'Y' If the vitness is a victim, 'Yu' if vulnerable or intimidated) 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 Code A Occupation: COMMUNICATIONS MANAGER Date of Birth: Code A Telephone: HOME: Code A Occupation: GOMMUNICATIONS MANAGER Date of Birth: Code A Telephone: HOME Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Code A E-mail address: 19 Name: Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: 20 Name: Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Code A Code A Code A Code A Date of Birth: | R | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WITE ONLY | NESS SE | | |
|--|-----|--|--------------|----------|-------|
| Wit No | P v | Date of c * Tick if st | atement atta | Page 4 o | of 13 |
| 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: E-mail address: 18 Name: BETTY WOODLAND Address (HOME): Code A Occupation: RISK ADVISER AND PACILITATOR Telephone: HOME Code A E-mail address: 19 Name: Code A Address (HOME): Code A Cocupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A Date of Birth: Code A Telephone: HOME Code A Date of Birth: Code A Telephone: HOME Code A Date of Birth: Code A Date of Birth: Code A | | Witness Details (In the (Wit No) column enter (V) if the witness is a victim, (Vu) if vulnerable or intimidated) | | * | • |
| 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: E-mail address: 18 Name: BETTY WOODLAND Address (HOME): COde A Occupation: RISK ADVISER AND FACILITATOR Telephone: HOME Code A E-mail address: 19 Name: Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A E-mail address: 20 Name: Code A Address (HOME): Code A E-mail address: 20 Name: Code A Address (HOME): Code A Date of Birth: Code A E-mail address: 20 Name: Code A Date of Birth: Code A | 16 | | | | ļ |
| 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: E-mail address: 18 Name: BETTY WOODLAND Address (HOME): Code A Occupation: RISK ADVISER AND FACILITATOR Telephone: HOME Code A E-mail address: 19 Name: Code A Address (HOME): Code A Cocupation: STATE ENROLLED NURSE Date of Birth: Code A E-mail address: 20 Name: Code A Address (HOME): Code A Doccupation: STATE FNORSE Date of Birth: Code A Address (HOME): Code A | | Address (HOME): Code A | ! | | |
| Address (HOME): COde A Occupation: COMMUNICATIONS MANAGER Date of Birth: Code A Telephone: WORK Code A Telephone: WORK Code A Telephone: BETTY WOODLAND Address (HOME): Code A Occupation: RISK ADVISER AND FACILITATOR Telephone: HOME Code A E-mail address: 19 Name: Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A E-mail address: Code A Date of Birth: Code A Telephone: HOME Code A E-mail address: Code A Date of Birth: Code A Date of Birth: Code A | | Telephone: HOME Code A WORK Code A | | | |
| Name: BETTY WOODLAND Address (HOME): Code A Occupation: RISK ADVISER AND FACILITATOR Telephone: HOME Code A E-mail address: 19 Name: Code A Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: 20 Name: Code A Address (HOME): Code A Code A Date of Birth: Code A | 17 | Address (HOME): Code A Occupation: COMMUNICATIONS MANAGER Date of Birth: Code A Telephone: WORK Code A | | | |
| Telephone: HOME | 18 | Address (HOME): Code A | | | |
| Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: 20 Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A | | Telephone: HOME Code A | | | |
| Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A | 19 | Address (HOME): Code A Occupation: STATE ENROLLED NURSE Telephone: HOME Code A | | | |
| | 20 | Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A | | | |



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| . 2012 . 1 | WITNESS LIST | : | Page 5 | of 13 |
| | | ompletion: | | e se e e e e e e e e e e e e e e e e e |
| | ★ Tick if st | atement atta | ched | |
| Rv | ◆ Previous | 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 | * | * |
| 21 | Name: Code A | | | |
| | Address (HOME): Code A | , | | |
| | Occupation: RETIRED Date of Birth: Code A | | | |
| | Telephone: HOME Code A | | | l |
| | E-mail address: | | | |
| 22 | Name: Code A | | | |
| | Address (HOME): Code A | | | , |
| | Occupation: COMMUNITY 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: 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: | | | |
| | | | | |



| Name: Code A Address (HOME): Code A Cocupation: RETIRED Date of Birth: Code A Address (HOME): Code A Address (HOME): Code A Address (HOME): Code A Address (HOME): Code A Cocupation: STAFF NURSE Date of Birth: Code A E-mail address: 28 Name: JOAN MCILROY Address (HOME): Code A Cocupation: RETIRED Date of Birth: Code A E-mail address: Code A Cocupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address: Code A Cocupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address: Code A Cocupation: STAFF NURSE Date of Birth: Code A E-mail address: Code A Cocupation: STAFF NURSE Date of Birth: Code A Cocupation: FOME Code A Code A Cocupation: PROVIDENT AGENT Date of Birth: Code A Cocupation: PROVIDENT AGENT Date of Birth: Code A Code A Cocupation: PROVIDENT AGENT Date of Birth: Code A C | R | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WIT ONLY | NESS SE | RVICE | |
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| Wit No Wit No Witness Details Statement Number | | Date of c | | Page 6 | |
| Wit No (In the *Wik.No.* column enter *V* if the witness is a victim. *Va* if vulnerable or intimidated) Number | Rv | ◆ Previous | convictions | ? Enter Y | or N |
| Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A Address (HOME): Code A Address (HOME): Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: 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: Code A Occupation: STAFF NURSE Date of Birth: Code A E-mail address: 29 Name: Code A Occupation: STAFF NURSE Date of Birth: Code A E-mail address: Code A Occupation: STAFF NURSE Date of Birth: Code A Occupation: STAFF NURSE Date of Birth: Code A Occupation: PROVIDENT AGENT Date of Birth: Code A | Wit No | | | * | • |
| Occupation: RETIRED Date of Birth: Code A Telephone: HOME | 26 | Name: Code A | | | |
| Telephone: HOME | | Code A | | | |
| Address (HOME): Code A Occupation: STAFF NURSE Telephone: HOME | | Telephone: HOME Code A | | | |
| Telephone: HOME | 27 | | | · | |
| Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A E-mail address: 29 Name: Code A Occupation: STAFF NURSE Telephone: HOME Code A E-mail address: 30 Name: PAULINE SPILKA Address (HOME): Code A Occupation: PROVIDENT AGENT Telephone: HOME Code A Occupation: PROVIDENT AGENT Telephone: HOME Code A Occupation: PROVIDENT AGENT Telephone: HOME Code A WORK Code A | | Telephone: HOME Code A WORK Code A | | | |
| Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address: 29 Name: Code A 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 | 28 | Name: JOAN MCILROY | | | |
| Telephone: HOME | | Address (HOME): Code A | | | |
| Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: Name: PAULINE SPILKA Address (HOME): Code A Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK Code A | | Telephone: HOME Code A | | | |
| Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: Name: PAULINE SPILKA Address (HOME): Code A Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK Code A | 29 | Name: Code A | | | |
| Telephone: HOME | | Address (UOME): | - | | |
| Address (HOME): Code A Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK Code A | | Telephone: HOME Code A | | | |
| Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK Code A | 3 O | Name: PAULINE SPILKA | | | |
| Telephone: HOME Code A WORK Code A | | Address (HOME): Code A | | | |
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| | WITNESS LIST | | Page 7 | 7 of 13 |
| | Date of c | ompletion: | : | |
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| Rv | | convictions | ? Enter \ | 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 | * | * |
| 31 | Name: JOAN DOROTHY FORFAR | • | | |
| | Address (HOME): Code A | | | |
| | Occupation: RETIRED Date of Birth: | | | |
| | Telephone: HOME Code A | | 1 | |
| | E-mail address: | v. | | |
| 32 | Name: Code A | | | |
| | Address (HOME): Code A | • | | |
| | Occupation: LEARNING SUPPORT Date of Birth: ASSISTANT | : | | |
| | Telephone: HOME Code A | | | , |
| | E-mail address: | | - | |
| 33 | Name: Code A | | | |
| | Address (HOME): Code A | | | |
| | Occupation: WARD CLERK Date of Birth: Code A | | | |
| | Telephone: HOME Code A E-mail address: | | | |
| 34 | | | | |
| 54 | Name: MARGARET BRENNAN Address (HOME): | | - | |
| | Address (HOME): Code A | | * | |
| | Occupation: RETIRED Date of Birth: | | | |
| | Telephone: HOME Code A | | | |
| | E-mail address: | | | |
| 35 | Name: Code A | · | | |
| | Address (HOME): Code A | | | |
| | Occupation: EX NURSING AUXILIARY Date of Birth: Code A | | | |
| | Telephone: HOME Code A | | | |
| ****** | E-mail address: | | .] | |



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| Rv | ◆ Previous | convictions | ? Enter \ | 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 | * | • |
| 36 | Name: Code A | | · | |
| | Address (HOME): Code A | | | |
| | Occupation: STAFF NURSE Date of Birth: Code A | • | , | : |
| | Telephone: HOME Code A E-mail address: | | | |
| 37 | Name: Code A | | | |
| | Address (HOME): Code A | | - | |
| | Occupation: REGISTERED GENERAL NURSE Date of Birth: Code A | | | |
| 1 | Telephone: HOME Code A | | | |
| | E-mail address: | - | | |
| 38 | Name: Code A | | | |
| | Address (HOME): Code A | | | |
| | Occupation: PHYSIO TECHNICIAN Date of Birth: Code A | | | : |
| | Telephone: HOME Code A E-mail address: | | | |
| 39 | Name: Code A | | | |
| | | | | |
| | Address (HOME): Code A | | | |
| | Occupation: STAFF NURSE Date of Birth: Code A | | | |
| | Telephone: | : | | |
| | E-mail address: | | | |
| 40 | Name: Code A | | | |
| | Address (HOME): Code A | | | |
| | Occupation: MEDICALLY RETIRED Date of Birth: Code A | | | |
| | Telephone: HOME Code A | - | | |
| | E-mail address: | | | |



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| | WITNESS LIST | | | JRN: 9 of 13 |
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| Rv | ◆ Previous | convictions | ? Enter ? | 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 | * | * |
| 41 | Name: Code A | | | |
| | 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 Date of Birth: Code A | | | |
| * | Telephone: MOBILE Code A WORK Code A | | | |
| | E-mail address: | | | |
| 44 | Name: BEVERLY JANE CARTER | | | |
| | Address (HOME): Code A | | | |
| | Occupation: OUTPATIENT SERVICES Date of Birth: Code A MANAGER | | | |
| | Telephone: HOME Code A WORK Code A | | | |
| | E-mail address: | | | · |
| 45 | Name: Code A | · | | |
| | Address (HOME): Code A | | | |
| | Occupation: CIVIL SERVANT Date of Birth: | | | |
| | Telephone: HOME Code A WORK Code A | | | |
| | E-mail address: | | | |



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| | | | Ul | RN: |
| | WITNESS LIST | | Page 10 | |
| · | Date of c | completion: atement atta | ched | |
| Rv | ◆ Previous | 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 | * | * |
| 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: Code A COORDINATOR Telephone: WORK Code A E-mail address: | | | |
| 49 | Name: JEFFREY J WATLING Address (HOME): Codo A | | | |
| | Occupation: PHARMACY SERVICES Date of Birth: Code A MANAGER Telephone: HOME Code A WORK Code A E-mail address: | | | : |
| 50 | Name: Code A Address (HOME): Code A | | | |
| | Occupation: PERSONNEL ASSISTANT Telephone: HOME | | | |



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| E W | ONLY | | | | | | | |
| . A | | | Page 11 | IRN: | | | | |
| | WITNESS LIST | completion: | i age i | 01 10 | | | | |
| | # Tick if si | | ched | | | | | |
| Rν | ◆ Previous 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 | * | * | | | | |
| 51 | Name: Code A | | · | | | | | |
| - | Address (HOME): Code A | | | | | | | |
| | Occupation: Code A 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 | ٠ | | | | | | |
| | 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: DAVID BURGESS | | | | | | | |
| | 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: Code A DIRECTOR | | | | | | | |
| | Telephone: WORK Code A | | | | | | | |
| | E-mail address: | | | | | | | |



| 1 | ESTRICTED – FOR POLICE, PROSECUTION, AND THE WIT ONLY | | | |
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| | | | : · · · · · | IRN: |
| · | WITNESS LIST | e e e | Page 12 | of 13 |
| | | completion: | | |
| | * Tick if st | | * * | - >1 |
| Rν | ♦ Previous | , | ?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 | * | + |
| 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 | | | Í |
| e . | Occupation: RETIRED Date of Birth: Code A | | | |
| | Telephone: HOME Code A | | | |
| | E-mail address: | | | |
| 58 | Name: RICHARD HENRY BAKER | | | İ |
| | Address (WORK): LEICESTER GENERAL HOSPITAL CLINICAL GOVERNANCE RESEARCH AND DEVELOPMENT UNIT GWENDOLEN ROAD LEICESTER LEICESTERSHIRE LE54PW | | | |
| | Occupation: DIRECTOR AND PROFESSOR OF Date of Birth: Code A QUALITY IN HEALTH CARE | | | |
| | Telephone: HOME Code A WORK Code A | | | |
| | E-mail address: | | | <u> </u> |
| 59 | Name: POLICE Code A | | | |
| | Address (): | | | |
| | Occupation: Detective Constable Code A Date of Birth: Code A | | | |
| | Telephone: | | | İ |
| | E-mail address: | | | L |
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URN:

WITNESS LIST

Page 13 of 13

Date of completion:

- * Tick if statement attached
- ◆ Previous 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 | * | • |
|--------|---|-------|--------|----------------|--|---------------------|---|---|
| 60 | Name: PO | DLICE | Code A | | | | | |
| | Address (): | | | | | | | |
| | Occupation: | | | Date of Birth: | | | | - |
| | Telephone: | | • | | | | | |
| | E-mail address: | | • | | | | | |
| | E-mail address: | | | | | | | - |

