

9 Code A
 12 BAKER Richard
 5 Code A
 3 BARNES Stephen
 8 Code A
 7 BRENNAN Margaret
 8 Code A
 11 BURGESS David
 11 CAIRNS Andrew
 9 CARTER Beverley
 7 Code A
 5 DAVIES Deborah
 8 DIAMOND Karen
 10 DIX Irene
 5 DONNE Sue
 1 DORRINGTON Irene
 6 DOUGLAS Tina
 2 EVANS Isobel
 11 Code A
 9 FLETCHER Julia
 7 Code 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
 6 MCILROY Joan
 5 Code A
 7 MONDEY Janine
 2 MURRAY Keith
 1 PARTRIDGE Margaret
 3 PARVIN Jane
 3 PEACH Janet
 8 Code A
 13 Code A
 5 R Code A
 12 RIPLEY James
 12 RIPLEY Paula
 9 RIX Janice
 12 Code A
 4 ROWLES Kathryn
 10 Code A
 4 Code A
 3 SCAMMELL Antonia
 6 SPILKA Pauline
 11 SPRAGG Jacqueline
 10 STEPHENS Theresa
 7 Code A
 2 TUBBRITT Anita
 1 TURNBULL Beverley
 10 WATLING Jeffrey
 8 Code A
 2 WHITNEY Geraldine
 4 Code A
 4 WOODLAND Betty

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WITNESS LIST

URN:

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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	*	◆
1	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE E GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
2	Name: SYLVIA ROBERTA GIFFIN Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE E GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
3	Name: MARGARET JUNE PARTRIDGE Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
4	Name: IRIS GOLDSMITH Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
5	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE E GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			

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WITNESS LIST

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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: Code A 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 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 Telephone: HOME Code A WORK Code A E-mail address:			

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WITNESS LIST

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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:			

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WITNESS LIST

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* 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: 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 E-mail address:			

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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: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
22	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: COMMUNITY STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
23	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
24	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STUDENT Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			
25	Name: SUE A DONNE Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE F GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			

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* 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	*	◆
26	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
27	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
28	Name: JOAN MCILROY Address (HOME): <input type="text" value="Code A"/> Occupation: RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
29	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
30	Name: PAULINE SPILKA Address (HOME): <input type="text" value="Code A"/> Occupation: PROVIDENT AGENT Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			



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* Tick if statement attached

R v

◆ 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	*	◆
31	Name: JOAN DOROTHY FORFAR Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
32	Name: Code A Address (HOME): Code A Occupation: LEARNING SUPPORT ASSISTANT Date of Birth: 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	Name: MARGARET BRENNAN 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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WITNESS LIST

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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: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
37	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: REGISTERED GENERAL NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
38	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: PHYSIO TECHNICIAN Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
39	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: STAFF NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address:			
40	Name: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: MEDICALLY RETIRED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			

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* Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

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	*	◆
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 INFORMATION MANAGER 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 MANAGER Date of Birth: Code A 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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◆ 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 <input style="width: 150px;" type="text" value="Code A"/> Address (): Occupation: Detective Constable <input style="width: 50px;" type="text" value="Code A"/> Date of Birth: Telephone: WORK <input style="width: 80px;" type="text" value="Code A"/> E-mail address:			
47	Name: POLICE <input style="width: 150px;" type="text" value="Code A"/> Address (): Occupation: Detective Constable <input style="width: 50px;" type="text" value="Code A"/> Date of Birth: Telephone: WORK <input style="width: 80px;" type="text" value="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: <input style="width: 50px;" type="text" value="Code A"/> COORDINATOR Telephone: WORK <input style="width: 80px;" type="text" value="Code A"/> E-mail address:			
49	Name: JEFFREY J WATLING Address (HOME): <input style="width: 300px;" type="text" value="Code A"/> Occupation: PHARMACY SERVICES Date of Birth: <input style="width: 50px;" type="text" value="Code A"/> MANAGER Telephone: HOME <input style="width: 80px;" type="text" value="Code A"/> WORK <input style="width: 80px;" type="text" value="Code A"/> E-mail address:			
50	Name: <input style="width: 80px;" type="text" value="Code A"/> Address (HOME): <input style="width: 300px;" type="text" value="Code A"/> Occupation: PERSONNEL ASSISTANT Date of Birth: <input style="width: 50px;" type="text" value="Code A"/> Telephone: HOME <input style="width: 80px;" type="text" value="Code A"/> WORK <input style="width: 80px;" type="text" value="Code A"/> E-mail address:			

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* 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: <input type="text" value="Code A"/> Address (HOME): <input type="text" value="Code A"/> Occupation: <input type="text" value="Code A"/> Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address:			
52	Name: ANDREW WILLIAM CAIRNS Address (HOME): <input type="text" value="Code A"/> Occupation: GENERAL PRACTITIONER SELF EMPLOYED Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
53	Name: JACQUELINE ANN SPRAGG Address (HOME): <input type="text" value="Code A"/> Occupation: PATIENTS AFFAIRS OFFICER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK <input type="text" value="Code A"/> E-mail address:			
54	Name: DAVID BURGESS Address (WORK): <input type="text" value="Code A"/> Occupation: CIVIL SERVANT Date of Birth: Telephone: E-mail address:			
55	Name: <input type="text" value="Code A"/> Address (): Occupation: SECRETARY TO PERSONNEL DIRECTOR Date of Birth: <input type="text" value="Code A"/> Telephone: WORK <input type="text" value="Code A"/> E-mail address:			

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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 Code A E-mail address:			
59	Name: POLICE Code A Address (): Occupation: Detective Constable Code A Date of Birth: Code A Telephone: E-mail address:			



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Date of completion:

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◆ 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: <input type="text"/> Code A Address (): Occupation: Date of Birth: Telephone: E-mail address:			

