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Page 1 of 9

WITNESS LIST

Date of completion: 22/07/2009

* Tick if statement attached

♣ Previous convictions? Enter Y or N

R v RICHARDS

| 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: SYLVIA ROBERTA GIFFIN Address: (HOME) Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK 02392 524611 E-mail address: | | | |
| 2 | Name: DAVID ANDREW BLACK Address: (HOME) Code A Occupation: DEAN DIRECTOR OF POSTGRADUATE MEDICAL AND DENTAL EDUCA Date of Birth: Code A Telephone: HOME Code A WORK 020 74153402 E-mail address: | | | |
| 3 | Name: JANE ANN BARTON Address: (HOME) Code A Occupation: GENERAL PRACTITIONER Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 4 | Name: LESLEY FRANCES RICHARDS Address: (HOME) Code A Occupation: RETIRED REGISTERED GENERAL NURSE Date of Birth: Code A Telephone: MOBILE Code A E-mail address: | | | |

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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 | * | + |
|--------|--|------------------|---|---|
| 5 | Name: PHILIP JAMES BEED Address: Occupation: CLINICAL MANAGER Date of Birth: Code A Telephone: WORK 02392 524611 E-mail address: | | | |
| 6 | Name: CHRISTINE JOICE Address: Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 7 | Name: MARGARET ROSE COUCHMAN Address: Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 8 | Name: RICHARD IAN REID Address: Code A Occupation: CONSULTANT GERIATRICIAN Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |

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| 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 | * | * |
|--------|--|------------------|---|---|
| 9 | Name: MICHAEL JAMES EDMONSON Address: AEROMEDICAL EVACUATION FLIGHT AIRPORT UNIT HANOVER (WORK) GERMANY Occupation: FLIGHT LIEUTENANT NURSING OFFICER Date of Birth: Code A Telephone: WORK Code A E-mail address: | | | |
| 10 | Name: PHILIP JAMES WARREN Address: Code A Occupation: LEADING AMBULANCEMAN Date of Birth: Code A Telephone: HOME Code A WORK 02392 872456 E-mail address: | | | |
| 11 | Name: MARTIN DEAN TANNER Address: Code A Occupation: ASSISTANT AMBULANCEMAN Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 12 | Name: ANNE L N FUNNELL Address: ROYAL HOSPITAL HASLAR HASLAR ROAD GOSPORT (WORK) HAMPSHIRE PO12 2AA Occupation: MEDICAL RECORDS MANAGER Date of Birth: Code A Telephone: WORK 02392 762268 E-mail address: | | | |

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|--------|---|------------------|---|---|
| 13 | Name: FIONA LORRAINE WALKER Address: (HOME) Code A Occupation: NIGHT SISTER Date of Birth: Code A Telephone: HOME Code A MOBILE E-mail address: | | | |
| 14 | Name: KATHLEEN MARY WALLINGTON Address: (HOME) Code A Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 15 | Name: SYLVIA ROBERTA GIFFIN Address: (HOME) Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK 02392 524611 E-mail address: | | | |
| 16 | Name: MARION BERRY Address: (HOME) Code A Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: Telephone: HOME Code A E-mail address: | | | |

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Page 5 of 9

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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 | * | + |
|--------|--|------------------|---|---|
| 17 | Name: <input type="text" value="Code A"/> Address: (HOME) <input type="text" value="Code A"/> Occupation: STUDENT NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> WORK 02392 762304 MOBILE <input type="text" value="Code A"/> E-mail address: | | | |
| 18 | Name: GERALDINE MCCARTHY Address: (HOME) <input type="text" value="Code A"/> Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 19 | Name: MINH RUSHTON Address: (HOME) <input type="text" value="Code A"/> Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 20 | Name: LESLEY FORBES HUMPHREY Address: (WORK) QUEEN ALEXANDRA HOSPITAL SOUTHWICK HILL ROAD COSHAM HAMPSHIRE Occupation: QUALITY MANAGER Date of Birth: <input type="text" value="Code A"/> Telephone: WORK 02392 822444 E-mail address: | | | |

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|--------|---|------------------|---|---|
| 21 | Name: GILLIAN LLOWARCH Address: (HOME) Code A Occupation: CIVIL SERVANT Date of Birth: Code A Telephone: WORK 01514 714492 E-mail address: | | | |
| 22 | Name: JAMES CLARK Address: (HOME) Code A Occupation: REGISTRAR Date of Birth: Code A Telephone: WORK 01329 822532 E-mail address: | | | |
| 23 | Name: JOHN HOWARD BASSETT Address: (HOME) Code A Occupation: GENERAL MEDICAL PRACTITIONER Date of Birth: Code A Telephone: HOME Code A WORK 02392 550220 E-mail address: | | | |
| 24 | Name: JANICE RIX Address: (HOME) Code A Occupation: CIVIL SERVANT Date of Birth: Telephone: HOME Code A WORK 02392 768064 E-mail address: | | | |

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|--------|--|------------------|---|---|
| 25 | Name: JEANETTE ELIZABETH FLORIO 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"/> MOBILE <input type="text" value="Code A"/> E-mail address: | | | |
| 26 | Name: JOANNE COOK Address: (HOME) <input type="text" value="Code A"/> Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 27 | Name: JEAN KATHLEEN MOSS Address: (HOME) <input type="text" value="Code A"/> Occupation: HEALTH CARE SUPPORT WORKER 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: MARGARET JOAN PERKINS Address: (HOME) <input type="text" value="Code A"/> Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |

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|--------|--|------------------|---|---|
| 29 | Name: ANITA TUBBRITT Address: <input type="text" value="Code A"/> (HOME) Occupation: STAFF NURSE F GRADE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 30 | Name: LINDA MARY BALDACCHINO Address: <input type="text" value="Code A"/> (HOME) Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 31 | Name: ANNE FLETCHER Address: <input type="text" value="Code A"/> (HOME) Occupation: HEALTH CARE SUPPORT WORKER Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 32 | Name: MONICA CATHERINE PULFORD Address: <input type="text" value="Code A"/> (HOME) Occupation: ENROLLED NURSE Date of Birth: <input type="text" value="Code A"/> Telephone: HOME <input type="text" value="Code A"/> E-mail address: | | | |
| 33 | Name: JEAN ELIZABETH DALTON Address: Occupation: COMMUNITY SERVICES PHARMACIST Date of Birth: <input type="text" value="Code A"/> Telephone: E-mail address: | | | |

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|--------|--|------------------|---|---|
| 34 | Name: ALTHEA EVERESTA GERADETTE LORD Address: Occupation: CONSULTANT GERIATRICIAN Date of Birth: Code A Telephone: HOME Code A MOBILE E-mail address: | | | |
| 35 | Name: CHRISTINA ANN TYLER Address: Code A (HOME) Occupation: HEALTHCARE SUPPORT WORKER Date of Birth: Code A Telephone: HOME Code A WORK 02392 524611 E-mail address: | | | |
| 36 | Name: JENNIFER MARY BREWER Address: Code A (HOME) Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |
| 37 | Name: GILLIAN M MACKENZIE Address: Code A (HOME) Occupation: RETIRED PERSONNEL MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address: | | | |

Professor Brian LIVESLEY

38

Code A**Code A****RESTRICTED**