

STATEMENT OF WITNESS

STATEMENT OF: **RUTH PATRICIA LEONARD**

Name

Rank

AGE OF WITNESS (if over 21 enter "over 21"):

OVER 21

To be completed when the statement has been written.

I declare that this statement consisting of one pages, 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 at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this **15TH**

day of **SEPTEMBER** **1999**

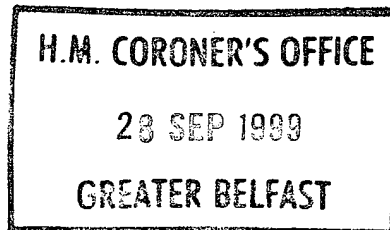
B LILLY **D/C**

R P LEONARD

SIGNATURE OF MEMBER by whom statement was recorded or received

SIGNATURE OF WITNESS

I am employed as an ambulance control assistant and based at Craigavon Area Hospital. I was on duty on the 27th April '97 when at 0149 hours I received a call from Portadown RUC to despatch an ambulance to Woodhouse Street, Portadown to an incident. An ambulance was despatched immediately from Craigavon Ambulance Station. The ambulance arrived at Woodhouse Street at 0158.



Certified a true copy of original

SIGNATURE OF WITNESS

R P LEONARD

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