

WITNESS STATEMENT

(CI Act 1967, s. 9; MC Act 1980, ss 5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: [Redacted]

Age if under 18: [Redacted] (if over 18 insert 'over 18')

Occupation: 9 P.

This statement (consisting of 2 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 in it, which I know to be false or do not believe to be true.

Signature: X [Signature] Date: 31-12-03.

My full name is [Redacted] I am a General Practitioner at the [Redacted] in [Redacted]

I do cover as the Out of Hours GP to operators from the Maxham area. I can confirm from record made on the 19th December 2003 that we received no calls from an Andriana [Redacted] on behalf of her son [Redacted].

I have checked both names and they do not appear on our records for the hours of 09:00 to 05:00 on the 20th December 2003.

I can confirm written records detail every phone call from Daberk, calling on the out of

Signature: [Signature] Signature witnessed by: [Redacted]

PTO

Continuation of Statement of: [Redacted]

hand number. I can confirm  
 that the out of hours service  
 only became operable at  
 0pm. In addition the answer  
 prompt service that person  
 can phone the NHS Direct  
 website and the number of  
 which is recorded on the  
 message.

I am willing to assist the  
 police investigation.

*[Handwritten signature]*

Signature: [Redacted]

Signature witnessed by: [Redacted]