

RESTRICTED

STATEMENT OF WITNESS

STATEMENT OF:

Name

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

I declare that this statement consisting of 2 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 31st day of December, 2003

SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

My full name is [REDACTED]. I am a General Practitioner at the [REDACTED] Surgery in [REDACTED]. I also cover as the out of hours GP Co-Operative from the Wrexham area. I can confirm from records made on the 19th December 2003 that we received no calls from an Andrea MCKEE on behalf of her son [REDACTED]. I have checked both names and they do not appear on our records for the hours of 6 pm to 8 am on the 20th December 2003. I can confirm written records detail every phone call from patients calling on the out of hours number. I can confirm that the out of hours service only becomes operable at 6 pm. In addition the answer phone service that persons can phone the NHS direct helpline and the number of which is recorded on the message. I am willing to assist the Police investigation.

SIGNATURE OF WITNESS: [REDACTED]

CHECKED AND CERTIFIED A TRUE COPY OF THE ORIGINAL SIGNED:

59854