

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 [Redacted] from the [Redacted] 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 [Redacted] to [Redacted] on the 20th December 2003.

I can confirm written records detail every phone call from [Redacted] calling on the out of

Signature: [Signature]

Signature witnessed by: [Redacted]

PTO