

investigated. I would have prepared my statement only a few days after it was requested by the police.

9. I note that there is a typographical error in the statement. It should read that on the morning of 28 April, not 27 April, 1997 the patient was still agitated. This is clear from the notes of Dr [REDACTED] contained at page 38603.
10. Turning to Mr Hamill's injuries, the nursing record contained at page 38651 starts at 06:30 hours and records that "*Patient arrived from Craigavon with a head injury having been hit with a projectile, query bottle. Large grazed area left hand side of head*". There is not anything else recorded in terms of injuries.
11. The clinical notes show that when Mr Hamill arrived at RVH he was sedated, had a tube in his windpipe and had been given drugs to paralyse certain muscles so that he did not breathe against the ventilator. He would therefore have been unconscious as a result of the sedation even if he had not been unconscious through injury.
12. Later on 27 April 1997 the tube was removed and he was able to breathe alone. It could be argued that there was an improvement in Mr Hamill's condition in that he was in the same state with less assistance, but it was a matter of concern that he was not waking up in the true sense of the word. Nothing he was doing was purposeful in any real way. His actions such as pulling at lines and thrashing around were random.
13. A CT scan was undertaken on Mr Hamill's brain and Mr Fannin's comments are recorded in the notes contained at page 38551: "*CT scan of the brain which shows soft tissue swelling in the scalp over the left temporal parietal region and also over the right temporal occipital region*". In other words, Mr Hamill had very obvious bruising in two separate areas of his head which was outside his skull. It is almost certain that there was a bruise or possibly a haematoma on his left temple parietal (above the left ear) and right temple occipital (behind the right ear). However,