	Witness Statement Ref. No. 183/1					
NAME OF CHILD: Adam Strain						
Name: Dorothy N	Martin					
Title: Night Sister in Royal Belfast Hospital for Sick Children						
Present position	and institution:	Retiled 1998				
Previous position [As at the time of the		ion(s):				
Membership of Advisory Panels and Committees: [Identify by date and title all of those since January 1995]						
Other Statements, Depositions and Reports: [Identify by date and title all those made in relation to the child's death]						
OFFICIAL USE: List of previous s	statements, dep	ositions and reports attached (*):				
Ref: D	Pate:					
	-					

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number. If the document does not have such a number then please provide a copy of the document.

PARTICULAR AREAS OF INTEREST

(1) Please state if you were the Night Sister or the Nurse/Sister in charge of Musgrave Ward for the period between 20.00 hrs on 26th November 1995 and 07.00 hrs on 27th November 1995. If not, please identify this person (if known).

I was Night Sister for The Hoopival (NST To Charge Nuese for Musgrewe Ward until Feb, 199P. I have no ruellection of The named child Adam Strain, and as to being the duty that night I have no records of my (any) duty what, and as how was To Night Sister for to Hoop, Val or To Staff Nuese on Musgrace Ward on To night of 26 Nov., 1995. I do not know, and.
as stated I callainly have no recollection
of The Named Child.

·						
•	, ,					
			į			
	. •		·			
THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF						
Signed: 1. Tactiv. Dated: 27 · 10 . 11,						