	STATEME	NT OF WITNE		
STATEMENT OF:		PETER CREAN	REC	SISTERED MEDICAL PRACTITIONER
	Name	OVER	21	Rank
AGE OF WITNESS (if ove NOT SIGNED IN POLICE	r 21 enter fover 2 OFFICER'S PRE	SENCE		,
l declare that this stated in it anything w	ge and belief or at the trial	and I make it ki of any person, I	nowing shall	ages, each signed by me is true to the g that, if it is tendered in evidence at a be liable to prosecution if I have wilfully eve to be true.
Dated this	da	y of	•	D. Marian
SIGNATURE C statement was	OF MEMBER by recorded or rec	whom ceived	S	IGNATURE OF WITNESS
Re: Rachel	Ferguson	(deceased) D	OB: (04/02/92
Rachel Ferg Unit, Royal at 1350 hou Hospital bed some hours events in Alt transferred to revealed cere Children's H had no purp dilated and to insipidus, wi treated for th 130 mmol/l. Brain stem of hours and 10 Dr Hanrahar	my qualification was a Belfast Hose she was a largelvin, she had obtained and spital she oseful sponding a largelving the large of the largelving the large of th	dmitted from Cations are ME dmitted to the pital for Sick Cas transferred for seizura appendicector he was intubated taneous move to light. She have light. She have a high trum sodium letwere performed were performed to 945 hours by the confirming the cations and the category.	Paed Childi rom res ar my. ed ar ng). and ment ad ev rine vel or nys rain	iatric Intensive Care ren on 9th June 2001 Altnagelvin Area and lost consciousness At the time of these and ventilated and T scan of her brain On arrival at the fully ventilated. She and her pupils were idence of diabetes output and she was a admission was 9th June at 1730 elf and stem death.
Ventilation s	upport was	discontinued	at thi	is time.
		en e		RF - ROYAL

Form 38/36 (Plain)

TO BE COMPLETED

WHEN THE

STATEMENT HAS

BEEN WRITTEN

SIGNATURE OF WITNESS: