

STATEMENT OF WITNESS

STATEMENT OF: DEBRA FRANCIS SLEVIN

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): OVER 18

*To be completed
when the statement
has been written*

I declare that this statement consisting of ONE page, 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 27 day of JULY 2005

George Johnston

SIGNATURE OF MEMBER by whom
statement was recorded or received

GEORGE JOHNSTON

PRINT NAME IN CAPS

Debra Slevin

SIGNATURE OF WITNESS

I am the mother of Adam Strain, date of birth 4th August 1991, who was born in the Ulster Hospital, Dundonald. Adam passed away on the 28th November 1995 in the Royal Victoria Hospital for Sick Children in Belfast. I give permission for the Police Service of Northern Ireland to use Adam's name and details in any way they see fit in connection with the enquiry into Adam's death.

Certified to be a true copy of an original signed document.