

STATEMENT OF WITNESS

STATEMENT OF: Debra Frances Slavin  
Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): 13/2/65

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 25 day of August 2005

William R Cross

Debra Slavin

SIGNATURE OF MEMBER by whom  
statement was recorded or received

SIGNATURE OF WITNESS

PRINT NAME IN CAPS

I am the mother of Adam Strain who was born on 4<sup>th</sup> August 1991 and died on 28<sup>th</sup> November 1995. I am aware that police are investigating the circumstances of my son's death. I consent to police obtaining from a Trust, from medical or nursing personnel, or from any other person or body all medical, nursing, clinical or fluid notes and charts and any other records, documents or material in the possession of a Trust, medical or nursing personnel or any other person or body which relate to the circumstances of the death of my son Adam, or to investigations, enquiries or concerns which were carried out or raised after his death. I request that those in possession of such documents provide them to police. I include in this my consent for any member of the press, or any press or media organisation to release such material to police.

Certified a true copy of original

Debra Slavin