

STATEMENT OF WITNESS

STATEMENT OF: DEBRA FRANCES SLAVIN

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): 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 6 day of SEPTEMBER 2005

P J Monaghan

Debra Slavin

SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

PAMELA-JANE MONAGHAN, D/CON

PRINT NAME IN CAPS

I am the mother of Adam Strain. On 27th November 1995 Doctor Savage told me that Adam's surgery was expected to last between 2 and 3 hours. When I said in my deposition that Adam's own doctors kept me in touch, I was referring to Doctor Savage and Doctor O'Connor. It was Doctor O'Connor who told me that Adam's bladder was enlarged and that he may require catheterisation several times a day. The decision to give Adam 2100 mls of fluids daily was made by Doctor Savage and Doctor O'Connor of the Renal Clinic; that amount of fluid had been given daily to Adam for a number of months without the need for frequent adjustment. I am certain that between midnight and 5.00 am on 27th November 1995 that Adam received 900 mls of water.

Certified a true copy of
the original with a cross
D/Gr.