

STATEMENT OF WITNESS

Page 1 of 1

STATEMENT OF:

DEBRA SLAVIN

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 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 9 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

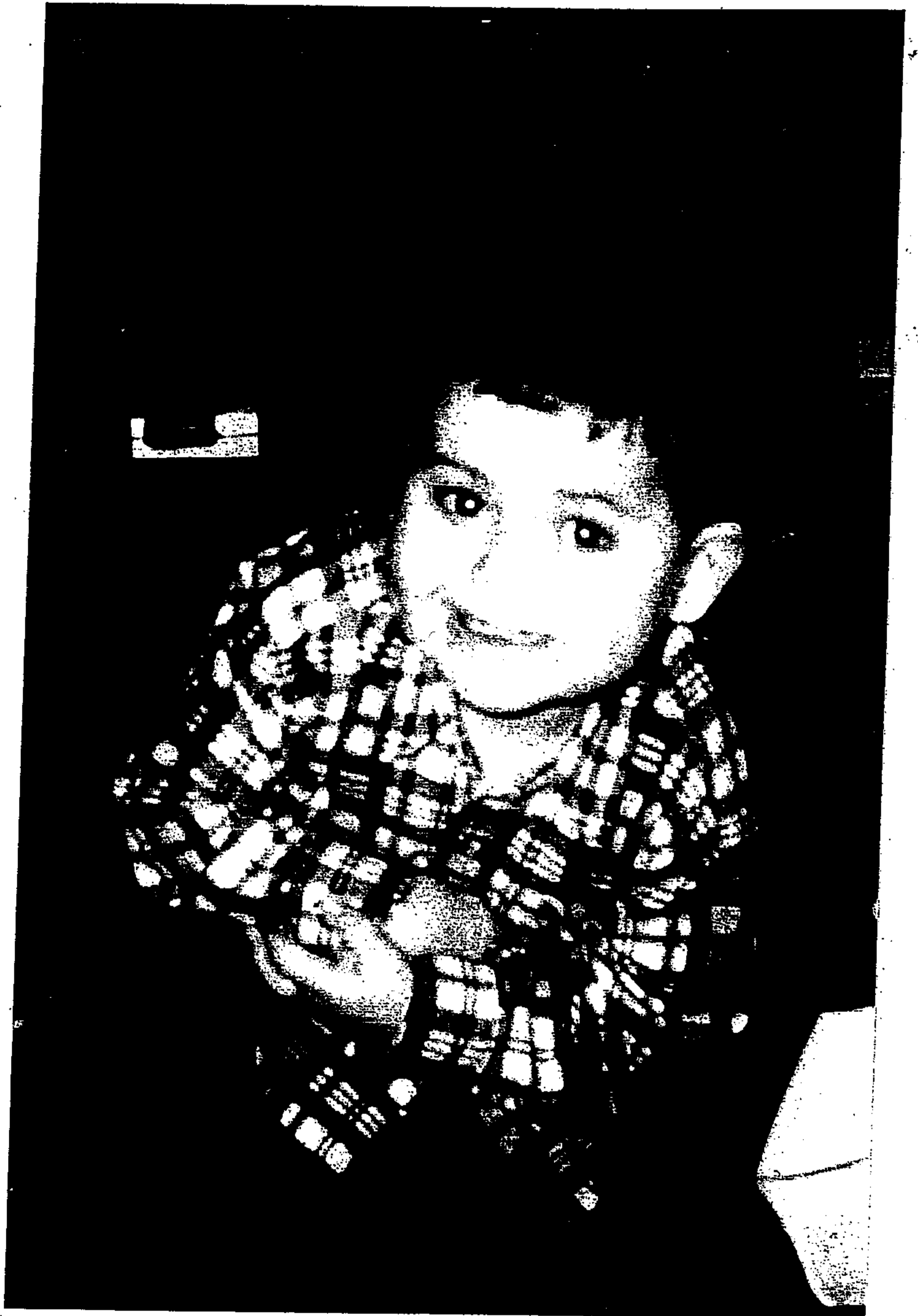
I have handed Detective Constable Monaghan the papers in relation to the death of my son, Adam Strain. I have also handed Detective Constable Monaghan a number of photographs; there are two photographs of Adam which were taken on the 9th November 1995 when Adam was at a cousin's birthday party; these have been marked PJM1 and PJM2. There are three photographs of Adam taken on the 28th November 1995, these were taken after his operation about 24 hours after and just prior to the life support being switched off. The first photograph shows myself and Adam the next shows Adam, myself and my own mother and the third shows Adam and my father. Detective Constable Monaghan has marked these PJM3, PJM4 and PJM5 respectively. The final photograph I have handed to Detective Constable Monaghan shows Adam very soon after his life support was switched off, she has marked this PJM6.

Confirmed a true copy of
the original. With 2 Cross
D/sgv.

PSNI



PSM2



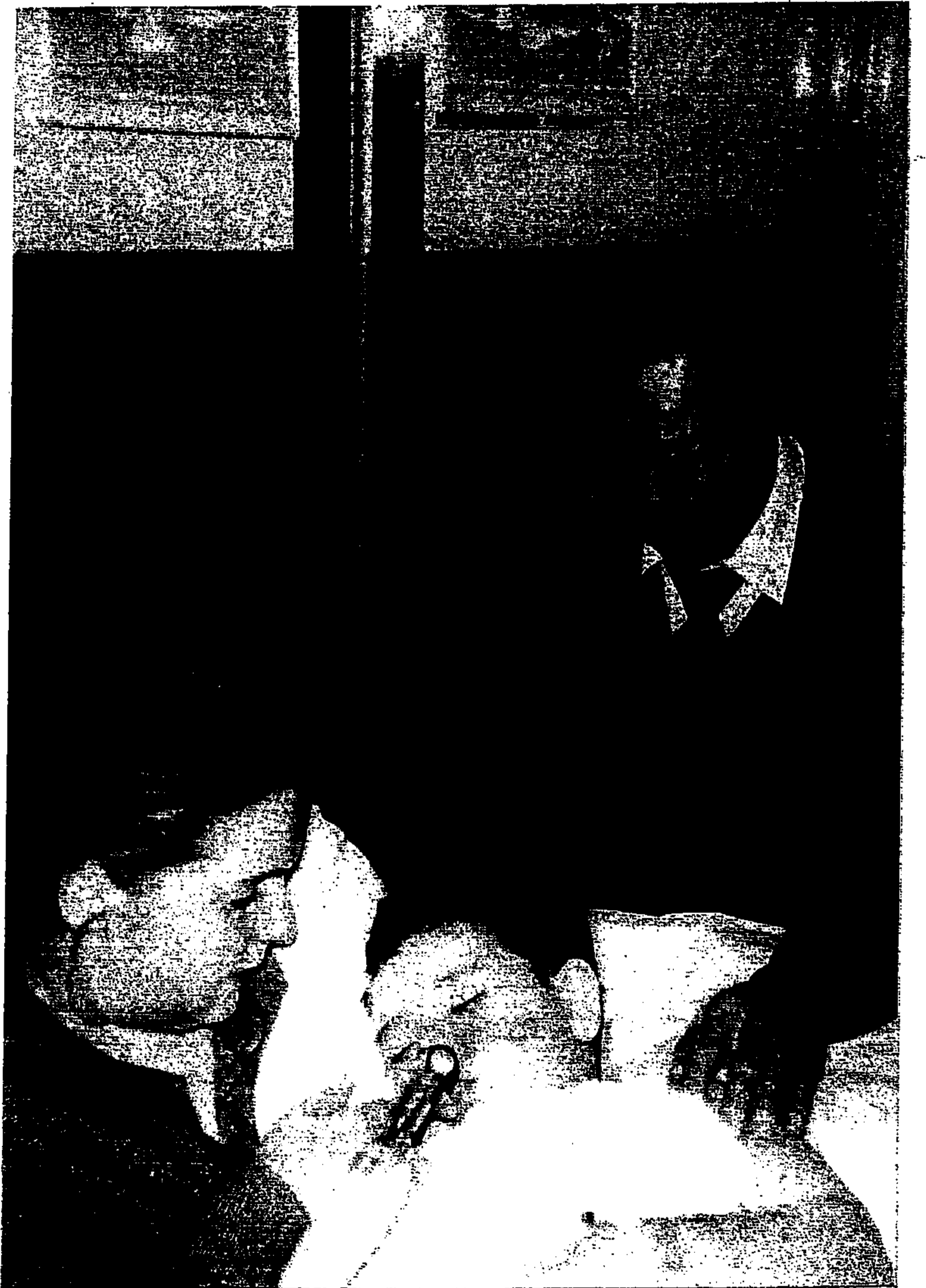
P-5413



PSN14



PSMS



PSN16.

