

STATEMENT OF WITNESS

STATEMENT OF: AMANDA LENNON

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 16 day of FEBRUARY 2006

William R Cross

A Lennon

*SIGNATURE OF MEMBER by whom
statement was recorded or received*

SIGNATURE OF WITNESS

WILLIAM R CROSS, D/SERGEANT

PRINT NAME IN CAPS

I am a personal secretary to Dr Walby, Associate Medical Director at the Litigation Department at the Royal Group of Hospitals, Belfast. On this date I gave to D/Sergeant Cross all the original RBHSC case notes relating to Adam Strain. He has marked them WRC63.

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