

STATEMENT OF WITNESS

5

STATEMENT OF: \_\_\_\_\_

Name

Rank

AGE OF WITNESS (if over 18 enter "over 18"): \_\_\_\_\_

TO BE COMPLETED  
WHEN THE  
STATEMENT HAS  
BEEN WRITTEN

I declare that this statement consisting of \_\_\_\_\_ pages, each 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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE OF MEMBER by whom  
statement was recorded or received

SIGNATURE OF WITNESS

set up equipment / anesth. machine working / pos. of patient  
on table. Help out as can. <sup>keeps asleep, O<sub>2</sub></sup>

dry for fluids. monitor — O<sub>2</sub> / CO<sub>2</sub>

unclasp / laywise

transducers bp + cuff → to machine  
" " " but not on

Get rem. what happened to AS.

Physical count.

McLeod

Tammy Ryan?  
Mark Doyle

Heather

Muse Hanger at  
Operating Dept RBHse.