

**NOT PROTECTIVELY MARKED**

DOCUMENT RECORD PRINT

## INCIDENT MESSAGE

**M3**

**Security Level: 4**

Assessor/Receiver's Summary:

Date: 09/03/2006

Time: 1930

Priority: LOW

Type: Officers Information

Class (If in use):      Code:      Description:

Message From/To:      FROM  
Title/Rank/ID Number: DS 18219  
Surname:      CROSS  
Forename(s):      WILLIAM  
Sex:      MALE

Telephone Number(s)

Address:

Post Code:

Email:

### INFORMATION

Asked Debra Strain if she knew the identity of the Paed Reg who failed to get pre-op blood for electrolytes. She replied she did not remember, but that first an SHO tried, then a Registrar.

Person receiving/sending: **Receiving**  
Forename(s): **W**  
Action(s) Required Y/N:  
Action No(s):  
Further Action Required Y/N:  
Other References:

Title/Rank/ID Number: **D/SERGEANT 18219**  
Surname: **CROSS**  
Assessor/Receiver:  
Registrar/Indexer:  
Office Manager:  
Officer in Charge:

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