

STATEMENT OF WITNESS

STATEMENT OF: MARIE DONNA FERGUSON

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"):

30/3/66

*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 22 day of August 2005.



SIGNATURE OF MEMBER by whom
statement was recorded or received



SIGNATURE OF WITNESS

William R. Cross

PRINT NAME IN CAPS

I am the mother of Raychel Zara Ferguson who was born on 4th February 1992 and died on 10th June 2001. I am aware that police are investigating the circumstances of my daughter's death. I consent to police obtaining from a Trust, from medical or nursing personnel, or from any other person or body all medical, nursing, clinical or fluid notes and charts and any other records, documents or material in the possession of a Trust, medical or nursing personnel or any other person or body which relate to the circumstances of the death of my daughter Raychel, or to investigations, enquiries or concerns which were carried out or raised after her death. I request that those in possession of such documents provide them to police. I include in this my consent for any member of the press, or any press or media organisation to release such material to police.

Certified a true copy of original



SIGNATURE OF WITNESS:

(10)