

# STATEMENT OF WITNESS

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STATEMENT OF: ALAN JOHN ROBERTS

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): OVER 18 14/9/58

*To be completed  
when the statement  
has been written*

I declare that this statement consisting of 1 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 MARCH 2008

William R Cross

SIGNATURE OF MEMBER by whom  
statement was recorded or received

A Roberts

SIGNATURE OF WITNESS

PRINT NAME IN CAPS

I am the father of Claire Roberts who was born on 10<sup>th</sup> January 1987 and passed away on 23 October 1996 at the Royal Belfast Hospital for Sick Children. I consent to the Police Service of Northern Ireland obtaining all tissues and samples held at the Royal Group of Hospitals or the State Pathology Department, which relate to the autopsy conducted on Claire. I also consent to any medical or nursing professional assisting the PSNI in providing any other material, report or statement relevant to the enquires by the PSNI into the circumstances of Claire's death. I also consent to the PSNI obtaining a full copy of Claire's medical notes or originals of the same.

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