

STATEMENT OF WITNESS

STATEMENT OF: Dr. Peter Crean
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 _____ 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 2 day of Feb 2005

fall

SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

I would like to explain the role of consultants in the paediatric intensive care unit. The consultant may change on a daily basis, however the junior staff are permanently allocated. At the time in question I believe that Dr McKaigue was in charge of the unit overnight from Wed night 12.4.00 until Thursday morning 13.4.00. I took over on Thursday morning at approx 8.30 AM; and can state from the notes that Dr McKaigue retained supervision of Lucy until 7 AM. Normally Dr Chisakuta is the consultant in charge on Fridays. Dr Cross has asked me if any person at any time contacted me in relation to the death of Lucy and suggested to me that I should or should not discuss attempted to influence me in regard to the cause of Lucy's death. My reply to this is absolutely no.