

STATEMENT OF WITNESS

STATEMENT OF: MARIAN MURPHY

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): [REDACTED]

*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 1 day of FEBRUARY 2005

R Hall

Marian Murphy

*SIGNATURE OF MEMBER by whom
statement was recorded or received*

SIGNATURE OF WITNESS

PRINT NAME IN CAPS

I am Nurse Manager for Health Visiting, School Nursing and Family Planning employed by the Sperrin Lakeland Trust. I am based at the Erne Hospital, Enniskillen. I have been in this post since April 1992. I am a qualified Health Visitor, Midwife and SRN Nurse. I vaguely remember that Mr Eugene Fee contacted me by telephone and asked me to have a Health Visitor call with the Crawford family and to offer support after Lucy's death. I contacted Marian Doherty who was the family Health Visitor and asked her to do this. However, it is my recollection that she had already called. D/Sergeant Cross has asked me was I given information by Mr Fee or any other Manager to convey to the Crawford family. I can reply that no such request was made but I was purely to arrange a visit to offer support.

Certified a true copy of original

38/36
7/04

SIGNATURE OF WITNESS: Marian Murphy

STATEMENT OF WITNESS

STATEMENT OF: Marion Murphy
Name Rank

AGE OF WITNESS (if over 18 enter "over 18"): [REDACTED]

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

1 day of Feb

2005

SIGNATURE OF MEMBER by whom
 statement was recorded or received

SIGNATURE OF WITNESS

I am Nurse Manager for Health Visiting, School and family planning nursing, employed by the Spireen Lreland TENDR. I am based at the Gene Hospital, Enniskillen. I have been in this post since April 1992. I am a qualified health visitor, midwife and SRN nurse. I vaguely remember Mr. He's name for contacted me by telephone and asked me to have a health visitor call with the Crawford family and to offer support after Lucy's death. I contacted Marion Doherty who was the family health visitor and asked her to do this, however it is my recollection that she had already called. Mr. Cross has asked me was I given authority by the fee or any other manager to convey to the Crawford family. I can reply that no such request was made but I was freely to arrange a visit to offer support.

Form 38/36
 (Lined)

FPB 1/01

SIGNATURE OF WITNESS:

Marion Murphy