

Forensic Medical Examination (MPS)

This form is not a Statement

Police Copy

Part 1 - to be completed by doctor

Dr. Ref:

Person examined

Surname: WALCOTTIS Forename(s): ANTHONY Age: 23

Time	*Of arrival	Began at	Concluded
		<u>0740</u>	<u>0828</u>

* If second or subsequent call record time available to start examination

** Time recorded to include making notes, etc.

Reason for examination/claim

(For statements, please include name of requesting officer)

*Called to sudden death
at
Cock Street
Buckley*

Medical findings/advice to police (Please write clearly; Book 83B to be completed if drugs are prescribed or administered)

*Life confined extent
at
07:50. old self
has no
Baby found against outside
wall.
Cord, signs of small pits finger.
Mol in mouth - better large.
? epilepsy. Probably on Epim.*

Date: 19.6.14

Signed

Signature:

Surname: MAW

Serial No A 204880

Station Code:

Part 2 - to be completed by doctor

Doctor Creditor No:

Statement:

Misc:

Examined:

Detainee:

Victim:

Officer:

Misc:

Examination No. 1:

Examination No. 2+ in this callout:

0801-1900 hrs.:

1901-0800 hrs.:

Comprehensive Sexual Offence Examination: Yes No

Examination exceeds hrs:

0.5	1	1.5	2	2.5	3
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Mileage - whole miles (to attend this call):

Examiner's name:

Date:

I certify that this examination was conducted in accordance with the control of agreement with the MPS

Please check and sign 83A/3:

Dated:

190614

Administration of Drugs

Book 83B Serial No:

Part 3 - to be completed by police

The doctor has attended, is accountable with Part 1 and understands the instructions given. The claim is accepted. If the instance is serious.

Signed:

Area Officer:

Date:

Time:

Cost Code: