

# 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: 0740 Concluded: 0828

\* 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.  
Mud in mouth - better large.  
? epilepsy. Probably on Epim.*

Date: 19.6.14 Signed:  

Signature

Surname: WALCOTTIS

## 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:  

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: 05 1 15 2 25 3

Mileage - whole miles (to attend this call):  

Cost Code:  

Cost Centre:  

I certify that this form is completed in accordance with the instructions given in the instructions to the MPS.

Please check and sign 83A/3:  

Dated:  

190614

Administration of Drugs

Book 83B Serial No: