Streamlined Forensic Report (SFR1)		**MG 22 B**	
FORENSIC RESULT/S – MEDICAL			
Relates to (person):	**Name of person examined**	DOB of Person	Click or tap here to enter text.
Location:	**Name of Hospital**	Crime/Occ. No:	**1234567/20**
Date of Attendance:	**02/08/2020**	Date of Discharge:	Click or tap here to enter text.
Time of Examination:	Click or tap here to enter text.	Other Ref 1:	**1234567/08/A/1/1**
Purchase Order No:	Click or tap here to enter text.	Other Ref 2:	Click or tap here to enter text.

Report provided by:	**Name of Medical Transcriber**	Organisation:	**SFR MEDICAL LTD**
Date of report:	**11/02/2021**		

Examined	**Results/Findings**
Initial examination conducted by Trauma Call Team commencing at 12:12 hours on 02/08/2020. The patient was subsequently admitted under the care of the Plastics team. On 23/09/2020, the patient was discharged from [insert hospital department].	The Helicopter Emergency Medical Services (HEMS) team attended the patient at the scene and noted that: • the patient was awake and alert (Glasgow Coma Scale score of 15/15) • there were multiple abrasions • there were multiple burns • there were full-thickness burns to the chest • there was injury to the skin between the genitals and the anus (perineum) • there were full-thickness burns to the left lower limb • there was a deformity to the left ankle-joint The HEMS team: 1. administered a general anaesthetic to the patient 2. inserted a breathing tube into the patient's windpipe(intubated) and connected the breathing tube to a breathing machine (ventilator) 3. inserted a chest drain into the left lung 4. inserted a chest drain into the right lung 5. pulled the left foot (in order to correct the deformity of the left ankle-joint) 6. applied a splint to the left ankle-joint On arrival to the Emergency Department, it was noted that: • there was a breathing tube in the patient's windpipe (intubated) that was connected to a breathing machine (ventilator) • there was an abrasion over the chin • there were extensive abrasions over both sides of the chest • there was a wound to the right side of the chest • there were multiple abrasions over the abdomen • there was a deep wound to the cleft between the buttocks • there were abrasions over both buttocks • there were extensive deep wounds to the skin between the genitals and the anus (perineum) with active bleeding

- there was a wound and an abrasion to the inside aspect of the left elbow
- there was an abrasion to the left forearm
- there was a deep wound over the palm of the left hand
- there was a deep wound (bone was visible) to the inside aspect of the right elbow
- there was an abrasion over the right forearm
- there was a deep wound over the palm of the right hand
- there was a deep wound to the left knee
- there were abrasions over the left shin and left ankle
- there was a 1cm x 2cm wound to the left shin
- there was a deformity to the left ankle
- there were abrasions over the right thigh, right knee and right shin
- there was a 2cm (in length) wound to the right lower leg

A Computerised Tomography scan of the head, neck, chest, abdomen and pelvis showed:

- bruising to the scalp to the left side of the back of the head
- a fracture to the spine in the upper back (transverse process fracture of T2)
- a fracture to the second rib on the left side of the ribcage
- a puncture to the left lung, resulting in collapse of the left lung (a pneumothorax)
- evidence that the patient had inhaled fluid into the left lung (aspirated)
- a puncture to the right lung, resulting in collapse of the right lung (a pneumothorax)
- blockage in the main breathing tube into and out of the right lung (right main bronchus) with associated collapse of the top of the right lung
- air-filled cavities in both lungs (pneumatocoeles)
- bruising to both lungs
- multiple injuries to the liver
- injury to the skin between the genitals and the anus (perineum)
- a fracture to the left shoulder-blade resulting in multiple bony fragments (comminuted)
- a fracture to the left collar-bone

A Computerised Tomography Angiogram scan of both lower limbs showed:

- a wound to the left thigh
- active bleeding from superficial blood vessels in the left thigh
- no injury to the major blood vessels in either lower limb
- a deep wound to the left knee, with active bleeding
- an abrasion over the left ankle
- fracture of one of the bones which comprises part of the left ankle-joint (fibula).

Treatment included:

1. A review by a Plastics doctor.
2. Intravenous fluids.
3. Intravenous antibiotics.
4. A tetanus booster vaccine.

5. All wounds were washed and cleaned.
6. All wounds were covered with dressings.
7. A review by an Orthopaedic doctor.
8. A plaster-cast was applied over the left ankle-joint.
9. Sedative medication (including fentanyl and propofol).

The patient was then transferred to the Acute Critical Care Unit (ACCU).

The next day (03/08/2020), the patient underwent an operation performed by the Plastics Surgical team, the Orthopaedic team and the Colorectal Surgical team. During the operation, it was noted that:

- there were full-thickness burns across the chest covering 3% of the total body surface area
- there were full-thickness burns across both buttocks, covering 3% of the total body surface area
- there were full-thickness burns across the left upper limb (including the left hand) covering 2% of the total body surface area
- there were full-thickness burns across the right upper limb (including the right hand) covering 2% of the total body surface area
- there were full-thickness burns across the left knee (exposing the underlying kneecap) covering 1% of the total body surface area
- there was a partial-thickness burn across the right thigh, covering 1% of the total body surface area
- there was a 3cm (in length) wound to inside aspect of the left ankle
- the left ankle joint was dislocated
- there was a tear in the ligament that connects the left lower leg with the left foot (deltoid ligament)
- there was an injury to the anus.

During the operation:

1. skin grafts were taken from both thighs and used to cover the burns to the chest, left upper limb (including the left hand), right upper limb (including the right hand) and left knee.
2. the injury to the anus was repaired with sutures.
3. a surgical incision was made over the left ankle joint.
4. the left ankle-joint was washed and cleaned.
5. the ligament that connects the left lower leg with the left foot (deltoid ligament) was repaired with sutures.
6. the left ankle-joint was relocated into the correct position.
7. the surgical incision and wound over the left ankle joint were closed with sutures.
8. a plaster cast was placed over the left ankle (and extended over the left knee).

The patient was then transferred back to the ACCU.

Whilst a patient on the ACCU, the patient received painkillers (including fentanyl) and antibiotics.

On 04/08/2020, the patient underwent a Bronchoscopy (a camera was placed into the patient's airway and into each lung via the body's breathing tubes) to examine

	the blockage in the main breathing tube into and out of the right lung (right main bronchus).During the Bronchoscopy it was noted that there were: • large blood clots in the main breathing tube into and out of the left lung (left main bronchus) • further blood clots in the breathing tubes into and out of the top and bottom of the left lung • large blood clots in the main breathing tube into and out of the right lung (right main bronchus) • large blood clot in the breathing tubes into and out of the top of the right lung (right upper bronchi) • further blood clots in the breathing tubes into and out of the middle and bottom of the right lung. During the Bronchoscopy all of the noted blood clots were removed and both lungs were washed with saline. After the Bronchoscopy, it was noted that the patient's ability to breathe had improved. On 08/08/2020, the breathing tube in the patient's windpipe (that had been placed prior to his arrival at the Emergency Department was removed and the patient could now breathe for himself. It was noted that the patient was alert and awake. On 10/08/2020, the patient underwent an operation performed by the Plastics Surgical team. During the operation, it was noted that there was: • a laceration to the chin, with a surrounding friction burn • a "shear" injury to the left arm • a patch of full-thickness burn to the right palm • a linear patch of mid-thickness burn to the right side of the back • less than 1% full-thickness burn to the upper area of both buttocks. The surrounding burn to the buttocks was either mid-thickness or deep-thickness. • some of the skin graft to the left upper limb was not healing, but all other skin grafts were healing well. During the operation: 1. the laceration to the chin was closed with sutures and sprayed with a transparent film dressing (opsite spray). 2. dressings over the chest, both upper limbs, both lower limbs, the buttocks, the right side of the back and to the skin between the genitals and the anus (perineum) were changed. 3. both the chest drain in the left lung and the chest drain in the right lung were removed. 4. the sites where the chest drains had entered the chest were closed with sutures. On 20/08/2020, the patient underwent an operation performed by the Orthopaedic team. During the operation, it was noted that the gap between the fractured bone in the left lower leg (fibula) and the other bone in the left lower leg (tibia) had been increased due to ligament disruption between the two bones. During the operation:

1. a surgical incision was made over the left ankle.
2. the bony fragments of the fractured bone in the left lower leg (fibula) were aligned and fixed together with a metal plate and eight screws.
3. two screws were used to reduce the gap between the fibula and the other bone in the left lower leg (tibia).
4. the left lower leg was washed and cleaned.
5. the surgical incision over the left ankle was closed with sutures.
6. a new plaster cast was placed over the left ankle (and extended over the left knee).

After this operation, the patient was advised not to weight-bear on the right foot for six weeks. Later that same day (20/08/2020), the patient was transferred to a Trauma ward. During the patient's stay on the Trauma ward, the patient received painkillers (including paracetamol and morphine) and physiotherapy.

On 28/08/2020, the patient was administered a general anaesthetic and had the dressings to his body changed by the Plastics Surgical team. The Colorectal Surgical team noted that there was superficial splitting of the anus. The General Surgical team advised to use dressings to the area around the anus to aid healing.

On 29/08/2020, it was noted that the left shoulder was tender to touch.
Over the subsequent weeks, the patient continued to have regular dressing changes under general anaesthetic by the Plastics Surgical team, as well as daily change of dressings to the buttocks and perineum by the nursing staff on the Trauma ward.

On 15/09/2020, the patient had skin grafts placed over the buttocks by the Plastics Surgical team.

On 21/09/2020, it was noted that all wounds were healing well.

On 23/09/2020, the patient was discharged with painkillers and ointment to aid skin healing. An appointment in Plastics clinic in one week's time was arranged for the patient.

Evidence Type Supporting / Technical Information

Summary of Medical Evidence: This report has been completed by a qualified medical practitioner having reviewed the medical notes for the above person on behalf of SFR MEDICAL LTD

Case management – To the court and to the defence:

The prosecution propose to rely on the forensic evidence contained in this SFR and if there is a trial, to adduce it by way of a s10 CJA 1967 admission to the general effect that the exhibit(s) listed were forensically examined and the examination produced the result(s) described. Therefore should there be a real issue in relation to this forensic evidence, such that the admission cannot be made, the prosecution ask that the defence identify the issue (Crim.PR.3.3 and Crim.PR 19.3(2)).

If this report contains expert evidence, then, in accordance with CPR 19.3(2), the defence is required to serve a response to this report as soon as practicable, and in any event not more than 14 days after service of the report setting out which, if any of the conclusions in this report are admitted as fact, and where a conclusion is not admitted what are the disputed issues concerning that conclusion.

This is not a witness statement

Relates to: **Name of person examined**
Crime Occ No: **1234567/20**
Location: **Name of Hospital**

This SFR is not a witness statement to which the provisions of s9 CJA 1967 and Crim.PR 16 apply, nor is it an expert's report to which the provisions of Crim. PR 19.4 apply, its purpose being to introduce any expert evidence contained therein as admitted fact. If this SFR contains expert opinion, it is a summary of that opinion served pursuant to Crim. PR 19.3(1).

SFRs assist courts to fulfil their duty to actively manage the case (Crim.PR 3.1) by ensuring that evidence is presented in the shortest and clearest way and by facilitating the early identification of the real issues. (Crim.PR 3.2). Each party must actively assist the court in fulfilling its duty (Crim.PR 3.3).

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STATUS OF MEDICAL RELATED EXHIBITS

Relates to (person):	**Name of person examined**	DOB of Person:	Click or tap here to enter text.
Location:	**Name of Hospital**	Crime/Occ. No:	**1234567/20**
Date of Attendance:	**02/08/2020**	Date of Discharge:	Click or tap here to enter text.
Time of Examination:	Click or tap here to enter text.	Other Ref:	**1234567/08/A/1/1**
Purchase Order No:	Click or tap here to enter text.	Other Ref 2:	Click or tap here to enter text.

Report provided by:	**Name of Medical Transcriber**	Organisation:	**SFR MEDICAL LTD**
Date of report:	**11/02/2021**		

Exhibits	**Status**
Medical Record Number	This patient was registered with the code name JULIET AAZ, UNKNOWN and Medical Record Number 10222222 on arrival at [insert Hospital Name] to expedite treatment. Subsequently, the patient's true demographics (William WALLACE, DOB 10/11/1912) have been confirmed and merged with the MRN. Each trauma name and MRN is unique and is never used for another patient. Code names and true demographics are never merged until the identity has been confirmed.

NB – Name of Medical Transcriber does not accept responsibility for the sensitivity or otherwise of this material.

Additional information / Evidence Type Technical Information:

Please note the above list of exhibits relates only to exhibits submitted for examination and are relevant to my area of expertise and / or to the findings set out in the Results/Findings section of this report. The list was accurate at the time this report was generated. All exhibits will not necessarily be listed here. Should a comprehensive list of exhibits be required, please contact the Investigating Officer.

The prosecution will not ordinarily undertake further forensic analysis unless and until the exact issue that such analysis needs to address has been identified; and only if, in light of that issue, it is appropriate that the next stage of analysis should be undertaken by a prosecution rather than a defence expert. If appropriate a direction under Crim.PR 3.5(2)(h) as to the order in which the expert issues should be determined may be sought.

Important: **Where real issue(s) are identified and if additional forensic work is necessary, please notify the agreed Force contact in writing, listing the issue(s) to be further addressed. Delivery dates for additional forensic work to be agreed on a case by case basis.**	Forensic Contact Details:	