

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		
<p>Initial examination conducted by Trauma Call Team commencing 17:54 on the 01/08/2020.</p> <p>The patient was taken to Emergency Theatres for an emergency operation, but subsequently died in Emergency Theatres.</p>	<p>The Helicopter Emergency Medical Services (HEMS) team attended the patient at the scene, and noted that:</p> <ul style="list-style-type: none"> • the patient was unconscious • the patient's heart had stopped beating <p>The HEMS team:</p> <ol style="list-style-type: none"> 1. Administered a general anaesthetic. 2. Inserted a breathing tube into the patient's windpipe (intubated) and connected the breathing tube to a breathing machine (ventilator). 3. Cut the breast-bone in half with a saw to gain access to the chest cavity (thoracotomy). 4. Clamped the major artery that carries blood out of the heart (aorta). 5. Administered three blood transfusions (three units of whole blood). 6. Administered Tranexamic acid (medication to aid clotting). <p>On arrival at the Emergency Department of the Royal London Hospital, it was noted that:</p> <ul style="list-style-type: none"> • the heart was beating • there was a wound to right side of the upper abdomen. <p>Treatment included a clamp placed on the major artery of the body (aorta). The patient was then transferred to Emergency Theatres for an emergency operation performed by the Trauma surgeons.</p> <p>During the operation, it was noted that:</p> <ul style="list-style-type: none"> • there was blood in the abdominal cavity • there was large blood clot at the back of the abdomen (more so on the left side than on the right side) • there was a 5cm (in length) incised wound to the sac that contains the internal organs of the abdomen (peritoneum) in the left side of the abdomen 		

This is not a witness statement

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

- there was an injury (a “hole”) to the major artery in the body (the abdominal aorta) with “near total transection” of this major artery
- there was a “through-and-through” injury to the major vein in the body (an injury entering one side of the inferior vena cava and exiting through another side of the inferior vena cava)
- there was active bleeding from behind (posterior to) the abdominal aorta
- the blood pressure dropped significantly.

During the operation:

1. a surgical incision down the midline of the abdomen (laparotomy) was performed to gain access the abdominal cavity.
2. blood transfusions were administered.
3. blood vessels were moved aside (controlled with a sling) to gain access to the major artery (abdominal aorta) and major vein (inferior vena cava) of the body.
4. the major artery (abdominal aorta) was completely divided, to permit the finding and repair of the blood vessels causing active bleeding from behind (posterior to) the abdominal aorta.
5. The major vein of the body (inferior vena cava) was clamped.
6. The major vein of the body (inferior vena cava) was tied with surgical clips (ligaclips).

The patient’s blood pressure continued to drop and despite efforts to resuscitate the patient, the patient died. The death of the patient was confirmed at 23:23 on 01/08/2020 by Mr A DOCTOR (Consultant Trauma Surgeon).

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 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			
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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 ROMEO XYZ, UNKNOWN and Medical Record Number 10333333 on arrival at the [insert Hospital Name] to expedite treatment. Subsequently, the patient's true demographics (Max MAXOMA, DOB 03/03/1933) 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.			
<u>Important:</u> 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:	sfrmedical.xxx@nhs.net