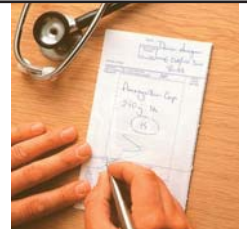




Writing a police statement



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BACKGROUND

Requests for police statements regarding a patient's medical condition or injuries are common. A lack of training in their preparation, coupled with ignorance as to their fate, combine to make the task one which is generally viewed as a necessary paperwork evil.

OBJECTIVE

This article aims to provide practical guidelines and a suggested format for use when preparing a police statement.

DISCUSSION

Police statements prepared by medical practitioners are important documents whose intended audience is overwhelmingly nonmedical. A small time investment made in the preparation of a concise, objective report in language likely to be understood by the lay person will assist the courts in understanding complex medical issues and may obviate the need for the doctor to appear in court as a witness. A structured statement 'proforma' can be readily customised and will both reduce time in preparation of reports and serve as a prompt for inclusion of essential details.

Police statements

Responding to a request

Police may request statements from doctors for a variety of reasons, but most commonly they are requested when a person has sought treatment for injuries sustained in an assault. The request may be in writing or may be verbal. It may be a very general request to 'provide a statement regarding injuries' or may in fact contain a specific issue to be addressed. The doctor should receive written specific consent from the patient (or the patient's legal guardian) before releasing the statement to police. The statement will form part of the police 'brief of evidence,' which contains all the information on which the police base their case against the accused. It is a legal requirement that the accused person's legal representative receives a copy of the 'brief'. This is important to bear in mind when sensitive medical information may form part of the statement. It is also important to note that consumers of these statements are laypersons – police officers, lawyers, the judiciary and jurors.

Another common request for a statement is that made on behalf of a coroner, in which a doctor's role in the assessment and treat-

ment of a deceased patient is sought. In this instance, consent for release of the report is not required and an opinion is not appropriate. Many of the following principles regarding the preparation of a statement still apply however. An important difference is that the doctor's performance may be subject to criticism, thus it is wise to notify one's medical defence provider of the request and have them review the statement before its release.

Format for statements

All police statements should be typed rather than handwritten, and it is preferable that they appear on a professional letterhead, or at least contain the professional contact details of the author.

Many advocate the use of a structured format when preparing a police statement,¹⁻³ and this has benefits for the recipient including ease of locating particular information. A structured, well presented report conveys a professional image of its author, and, if a proforma is used, it has the additional benefits of saving time in preparation and prompting the author to include all relevant information.⁴

It is important to distinguish information that is factual from that which is opinion.

Figure 1. Example of a police statement

Smithtown Family Clinic
1 Parkside Way
Smithtown 3006
Ph 9684 4480
Fax 9684 4481

3rd February 2004
Detective Senior Constable Plodd
Smithtown Criminal Investigation Unit
122 Smith's Road
Smithtown 3006

Re: Mr John Smith DOB: 13th January 1970

I, Mary Nicole Brown of the Smithtown Family Clinic, 1 Parkside Way Smithtown

Hereby state that:

I am a medical practitioner registered in the state of Victoria.

I hold the qualifications of Bachelor of Medicine and Bachelor of Surgery conferred in 1988, and Fellowship of the Royal Australian College of General Practitioners conferred in 1996. I have worked in the capacity of a general practitioner in both rural and metropolitan practice since 1992.

Background

I have received a request from Detective Plodd to detail the injuries received by Mr Smith as a result of an alleged assault on him on Saturday 12th January 2004. In particular he has asked whether Mr Smith's head wound could have 'resulted from being struck with a baseball bat or could have occurred when he fell to the pavement'. I examined Mr Smith at this clinic on Tuesday 15th January 2004, 3 days after he was allegedly assaulted, and again on Monday 21st January 2004 to remove his sutures.

I have been provided with a signed consent form from Mr Smith for the release of this report to police. This report has been prepared from:

- my clinical notes made at the time of the examination
- a letter from the Smithtown Hospital Emergency Department.

History

Mr Smith told me that he had been assaulted on the previous Saturday night (ie. 3 days before the consultation). He said he was unable to recall much of what had occurred as he had consumed a considerable amount of alcohol. He stated the following to me:

- he was in a queue outside a nightclub and was shoved from behind
- he turned around and verbally abused the male standing behind him and that male punched him in the face
- he recalled being on the ground and thinks he was struck on the head with a baseball bat
- he was taken to hospital by ambulance.

The letter from the hospital indicated a wound on his scalp was sutured.

Mr Smith attended here requesting review and documentation of his injuries, and a medical certificate for work.

There is no past medical history of relevance to this allegation.

Symptoms of recent injury

Mr Smith complained of headaches and indicated his injuries to me.

Examination

Mr Smith's upper torso only was examined. He appeared of normal intellect and had a composed demeanour.

Signs of recent injury**Head**

Injury no 1: extensive blue and black bruising surrounding the left eye. In association there was a bruise involving the white of the eye (subconjunctival haemorrhage). He reported no visual disturbance.

Injury no 2: a sutured irregular 'Y' shaped wound was present on the back of the head (occiput). It was approximately 5 cm in its total length and had dried scab over it.

Investigations

The CT brain performed at Smithtown Hospital was reportedly normal.

Treatment and follow up

Mr Smith was provided with written advice regarding the effects of concussion and advised to use simple analgesics such as paracetamol for his headache. His sutures were removed from his scalp wound on Monday 21st January. At that time his black eye was significantly reduced in size.

Opinion

In summary, Mr Smith is a 34 year old man whom I examined 3 days following an incident in which he was allegedly punched to the face and possibly struck with a baseball bat. He had evidence of a black eye and a sutured wound on the back of his scalp. With respect to the findings I am of the opinion that:

1. The bruise around the eye is the result of blunt trauma:
 - blunt trauma may result from a blow or forceful contact with an object
 - it is impossible to accurately age a bruise, however that observed could have occurred within the time frame of the alleged incident
 - it is not possible to state more precisely the cause of this bruising around the eye. It may have resulted from a punch, however other mechanisms are plausible
 - this injury should fully resolve leaving no permanent sequelae, however, a blow to the eye has the potential to result in permanent serious visual impairment.
2. The sutured wound had the appearance of a laceration, due to the application of blunt trauma to the region causing the skin to split:
 - it had the appearance of a relatively recent wound and could have occurred within the time frame of the incident
 - it is not possible to state more precisely the exact cause of this wound, and in particular I am unable to differentiate between a fall onto the pavement versus a blow with a baseball bat as the cause. The doctor who initially treated Mr Smith and sutured his wound may be able to assist you further with this inquiry
 - this wound should heal, leaving a scar that will be barely visible under the hair.

Dr Mary Nicole Brown
MBBS, FRACGP

I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to the penalties of perjury.

Mary N Brown

Acknowledgement taken and signature witnessed by me at 3 pm,
On 6th February 2004
at Smithtown

Signature P Plodd _____

Name Peter Plodd _____

Rank/No D/S/C 31268 _____

Medical evidence is frequently complex and requires interpretation for the courts to understand its role in a particular case. For this reason, doctors are frequently asked to express their opinion, which is considered 'expert' evidence, as distinct from evidence of fact that is the more usual form of evidence.

Elements of the statement

The following is a list of items and headings for inclusion in a statement. *Figure 1* gives an example of a completed police statement.

Addressee

The name of person who requested the report.

Date of preparation of the statement

Patient's name and date of birth

Do not include the patient's address – as already stated, a copy of your report may be provided to the other party's legal practitioner.

Qualifications

Give a brief account of your professional qualifications and experience as a medical practitioner.

Background

Briefly describe how you came to be preparing the statement. This should include the date, time and place of the consultation, the reason for it, and the nature of the request for the statement. You should acknowledge all sources of information used in its preparation (eg. your contemporaneous notes, X-ray and pathology reports) and that appropriate consent has been obtained for the release of the statement.

History

Detail the history regarding the incident that you obtained from the patient. Indicate if possible what was offered spontaneously, what was said verbatim, and what you ascertained in response to specific questioning. A brief description of any relevant medical history would be appropriate (eg. if a patient is taking aspirin or warfarin, or if they have liver

disease, this may affect the extent of any bruising observed).

Examination

Include the extent of the examination and any limitations encountered. A comment regarding the patient's intellect and demeanour is often appropriate. List the physical findings in an orderly fashion, grouped by body region. It is often useful to number each finding particularly when several injuries exist – this allows ready reference in your opinion later in the statement, and also in any subsequent court appearance. Include any relevant negative findings. Use lay terminology (you may include medical terminology in brackets).

Investigations and specimens

If investigations were performed or specimens taken, detail why they were done and what they showed, again, in lay terms. For specimens, detail their handling if required for evidentiary purposes (eg. glass fragments removed from a wound and handed to police).

Management

Describe what treatment if any was required including referrals to other health care providers. Indicate if treatment is ongoing.

Opinion

It is useful to provide a very brief summary of the allegations and principle findings here, particularly if the report is quite lengthy. Follow this with your opinion about the observed findings. In simple terms, courts frequently seek the following information:

- how and when the injury/injuries could have been caused
- how severe the injuries were, and
- whether the injuries could have occurred in the manner alleged, and what alternative explanations are possible.

The opinion should be objective and impartial, and based on the facts described earlier in the statement. Consideration should be given to any possible alternative explanations for the findings. The author should not stray

beyond his or her area of expertise and should not be afraid to refrain from offering an opinion if he or she feels unable to do so.

The final check

Having completed the statement, it is wise to check that spelling, names and dates are correct. Enlisting the assistance of a colleague to read over the statement is invaluable for checking its clarity. A copy of the statement should be kept with the patient file and the original sent to the requesting officer.

Statements generally require the addition of a 'jurat' before they can be tendered as evidence. The requirements vary between jurisdictions, but essentially require the statement's author to sign in the presence of a designated person a declaration that the contents of the statement are true and correct. The requesting police officer can assist in this requirement.

Summary of important points

- Ensure that you have specific written consent from your patient before release of a police statement.
- Use terminology that will be understood by a lay audience.
- Any opinion expressed should be clearly delineated as such and must be objective, impartial and based on the facts contained within the statement.

Conflict of interest: none declared.

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AFP

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