

Streamlined Forensic Medical Report SFR Stage 1 Forensic Result			
Patients Name	██████████	Patients DOB	██████████
Date of Presentation	██/██/2019	Date of Discharge	██/██/2020
Place of Examination	████████████████████	Police Reference Number	██████████
Time of First Examination	13:56	Police Tracker Number	██████████
Medical Examiner	TRAUMA CALL TEAM		

Case management – To the court and to the defence: The prosecution propose to rely on the 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 or the examination conducted produced the result(s) described. Therefore should there be a real issue in relation to the evidence below, such that the admission cannot be made, the prosecution ask that the defence identify the issue (CrimPR.3.3 and CrimPR 19.3(2)).

If this report contains expert evidence, then, in accordance with CrimPR 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 CrimPR 27 apply, nor is it an expert's report to which the provisions of CrimPR 19.4 apply, its purpose being to introduce any expert or other evidence contained therein as admitted fact. If this SFR contains expert opinion, it is a summary of that opinion served pursuant to CrimPR 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. (CrimPR 3.2). Each party must actively assist the court in fulfilling its duty (CrimPR 3.3).

Summary of Medical Evidence – This report has been completed by a qualified medical practitioner having reviewed the medical notes for the above patient on behalf of the ██████████. This patient was registered with the code name ██████████ and Medical Record Number ██████████ on arrival at the ██████████ to expedite treatment. Subsequently, the patient's true demographics (██████████, DOB ██████████) 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.

Patient Details	Examination results/findings
<p>██████████ (DOB ██████████) attended the ██████████ on ██████████ and was examined by the TRAUMA CALL TEAM. The patient was subsequently admitted under the care of the Trauma Team.</p> <p>On ██████████ the patient was discharged from the ██████████</p>	<p>On arrival to the Emergency Department at the ██████████ it was noted that:</p> <ul style="list-style-type: none"> There was a wound to the left side of the lower abdomen with exposed bowel protruding from the wound <p>A Computerised Tomography (CT) scan of the Chest, abdomen and pelvis showed that:</p> <ul style="list-style-type: none"> There was a 16mm (in length) wound to the lower abdominal wall The small bowel was protruding through the 16mm (in length) wound to the lower abdomen There was fluid in the abdomen (an abnormal finding) There was a collection of blood (haematoma) in the lower abdomen There was active bleeding from a blood vessel supplying one of the muscles of the abdomen (psoas muscle) <p>Treatments included:</p> <ol style="list-style-type: none"> Antibiotics Painkillers

