

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; MC Rules 1981, r.70)

Statement of **URN:**

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Age if under 18 **Over 18** (if over 18 insert 'over 18') **Occupation:**

This statement (consisting of:**1**..... pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it which I know to be false, or do not believe to be true.

Signature: **Date:**

I am employed by and hold the position of based at..... which utilises a **Digital*** CCTV system. This provides **hours / day(s)*** of coverage. Recordings are kept for **hours / days*** and are stored **locally / at***..... The system has.....cameras I can confirm that the date & time shown on the CCTV product is **correct / incorrect*** by **+ / - ***day(s)hours minutes. I am aware that footage may be used in the media to identify suspects.

On..... I handed the following items to I produce these items as exhibits :

<u>Exhibit description & quantity</u>	<u>Exhibit No</u>

* **Delete as applicable**

Signature: **Signature witnessed by:**

RESTRICTED – FOR POLICE AND PROSECUTION ONLY
(when completed)

Home address:
..... Postcode:
Home telephone number Work telephone number
Mobile/pager number Email address:
Preferred means of contact:
Male / Female (delete as applicable) Date and place of birth:
Former name: Height: Ethnicity Code:
Dates of witness non-availability

Witness care

- a) Is the witness willing and likely to attend court? Yes / No. If 'No', include reason(s) on MG6. What can be done to ensure attendance?
- b) Does the witness require 'special measures' as a vulnerable or intimidated witness? Yes / No. If 'Yes' submit MG2 with file.
- c) Does the witness have any specific care needs? Yes / No. If 'Yes' what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)

- a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me Yes No
- b) I have been given the leaflet 'Giving a witness statement to police — what happens next?' Yes No
- c) I consent to police having access to my medical records in relation to this matter: Yes No N/A
- d) I consent to my medical record in relation to this matter being disclosed to the defence: Yes No N/A
- e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings (if applicable) Yes No N/A
- f) The information recorded above will be disclosed to the Witness Service so they can offer help and support, unless you ask them not to. Tick this box to decline their services:

Signature of witness:

Statement taken by (print name):

Station:

Time and place statement taken:

Signature of witness: