

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:**

This statement relates to an incident of shoplifting at my place of work.

I am employed by and hold the position of
..... based at.....

ON.....

An individual entered the store and stole some items. At no point were they given permission to take any items without payment. There is no arrangement with any persons whereby they can take items without payment. The total value of the items were, £..... .

I exhibit a receipt of the items stolen showing their individual and total value as/01. I then handed this to police.

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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: