

WITNESS STATEMENT

CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

Statement of **Nicola McDonald** URN:

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

This statement (consisting of:**2**..... 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: 18/9/2012.....

Tick if witness evidence is visually recorded (supply witness details on rear)

I am a Police Constable of 22 years experience, the last 16 years I have worked on the London Borough of Brent, since 2005 I have been attached to the licensing unit for the borough. I have been authorised via a delegated authority to represent the Borough Commander for the London Borough of Brent and for the Commissioner of the Metropolitan Police Service to act on licensing matters.

One of the premises I supervise is Local Food express 16 park Parade Harlesden NW10 4JA.

I am making this statement to be submitted with my representations to the premises licence variation application and is in addition to my previous statement dated 19/8/2012.

Another crime occurred outside the shop on 15th June 2012 at 1550 hours (Cris 1915601/12 refers). The female victim of robbery alleged money was taken by a suspect who bit her hand. The victim changed her account of events on several occasions, she was clearly drunk and under the influence of drugs. Witnesses to the incident claimed a male punched the victim in the face.

This is the kind of incident that gives indication of the type of challenging community that staff in the shop has to deal with and why staff has to be well trained and strong of character so not to be bullied in to decisions that do not uphold the licensing objectives.

I have subsequently discovered an incident of criminal damage at Local Food Express at 0400 hours on 19th August 2012 when three males approached the serving hatch (Cris 1921708/12 refers). They asked to buy alcohol and when they were refused they hit the glass window causing it to break. The shop CCTV system did not record the incident as the system only records inside the shop. At 0400 hours this premises in accordance with the premises licence should have been closed to the public.

The sale of alcohol in an area like Harlesden is challenging and requires strong management and strict compliance with legislation. I have concerns with the operation of this shop and see the above incidents as weakness and a precursor to further breaches and detrimental to the licensing objectives. My findings in relation

Signature: Signature witnessed by:

Continuation of Statement of **Nicola McDonald**

to this shop have not only caused me to make representations to the variation of the premises licence, but to now apply for the premises licence to be reviewed.

Signature: Signature witnessed by:

Witness contact details

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: Ethnicity Code (16+1): Religion/belief:

Dates of witness non-availability
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Witness care

- a) Is the witness willing and likely to attend court? **No.** If 'No', include reason(s) on **MG6**.
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness?
No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care needs? **No.** If 'Yes' what are they? (Disability, healthcare, childcare, transport, , 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 Victim Personal Statement leaflet Yes No
- c) I have been given the leaflet 'Giving a witness statement to police — what happens next?' Yes No
- d) I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice) Yes No N/A
- e) I consent to my medical record in relation to this matter being disclosed to the defence: Yes No N/A
- f) I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA Yes No
- g) 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: Print name:
Signature of parent/guardian/appropriate adult: Print name:
Address and telephone number if different from above:

Statement taken by (print name): **PC 157QK Nicola McDonald** Station:

Time and place statement taken: