

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 **Simon Rose** URN:

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Age if under 18 **Over 18** (if over 18 insert 'over 18') Occupation: **Acting Borough Commander
Brent Police**

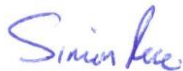
This statement (consisting of: **1**..... pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it which I know to be false, or do not believe to be true.

Signature:  Date: 3/1/14

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

I am currently the Acting Borough Commander at Brent Police and the Detective Superintendent for the Borough. This statement concerns Peaches Cocktail Bar and Restaurant, 177-179 Kenton Road, Harrow HA3 0EY and the police position in relation to its license.

Peaches has, in my opinion, consistently been one of our most problematic venues over the last two years. This is as a result of drunkenness that leads to violence and anti social behaviour. As has already been submitted in evidence by Mr Nicholas Mortimer the Licensing officer, there has been a constant stream of preventable incidents of serious assaults over the last two years. These demand substantial resources from the Police, Courts, Prisons, the ambulance service, the NHS and Local Authority amongst others. These are resources that are limited and subject to many competing demands. Following action by the Local Authority and Police there is often a short term improvement but this is not maintained. It is my opinion that the licensing objectives of Crime and Disorder, Public Safety and Public Nuisance are consistently being breached. As the Acting borough Commander I strongly support the application for the review.



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

Witness care

- a) Is the witness willing and likely to attend court? Yes / 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? Yes / No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care needs? Yes / 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): Station:

Time and place statement taken: