## WITNESS STATEMENT

Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B

URN 01. 24

Statement of: PC Phil Graves 3122NW .....

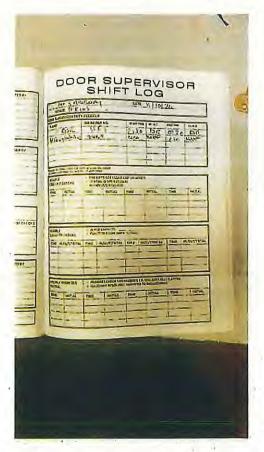
Age if under 18:Over 18 ...... (if over 18 insert 'over 18') Occupation: Police Officer (Brent Licensing)

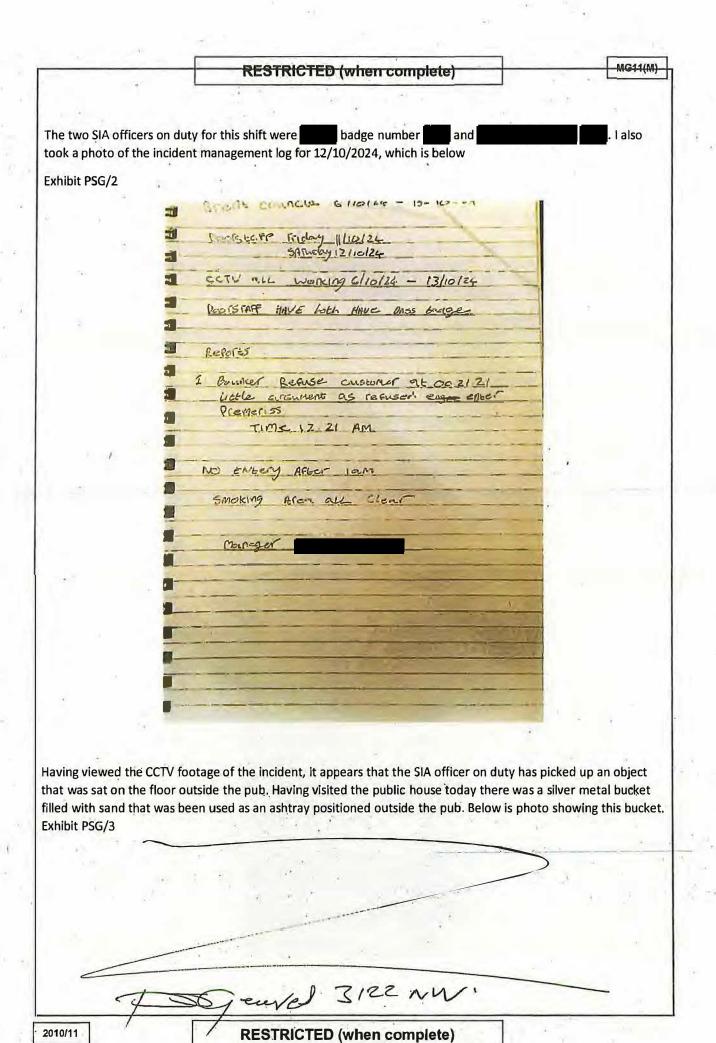
This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Signature: 500

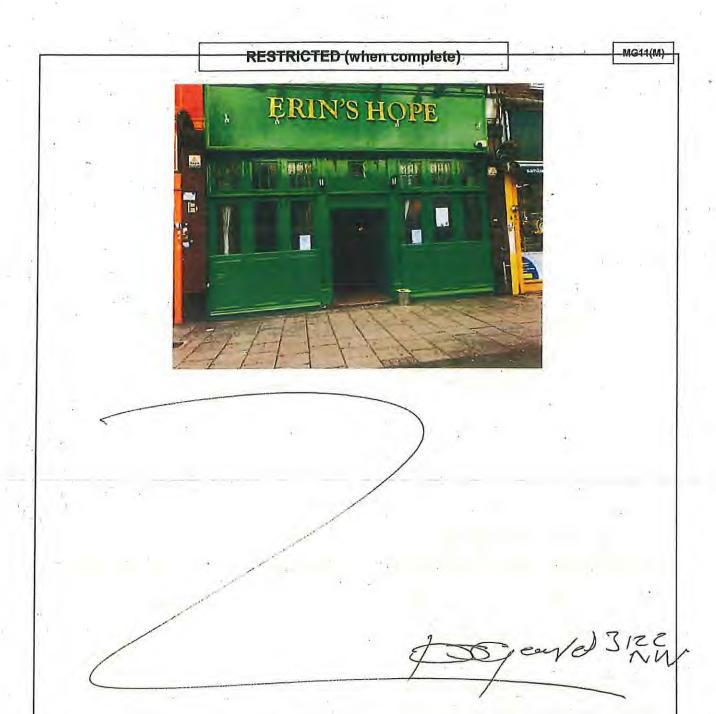
Date 16/10/2024

On Wednesday the 16<sup>th</sup> of October 2024, I attended Erin's Hope Public House, 189 Edgware Road, Brent NW9 6LP at 1415 hours in company with PC Hicks. We attended the venue due to an allegation of GBH that occurred at approx 00.29 hours on 13/10/2024 between an SIA officer standing out the front of the venue and a passing member of the public, reference number 01/957123/24. Due to this crime report, I was handed a copy of the SIA register from the manager Ross. Below is a photo I took of this register showing the SIA staff employed on Saturday the 12/10/2024, which would have the SIA on duty in the early hours of 13/10/2024. Please not that it appears that staff at the venue have entered the date wrong, detailing Saturday as 11/10/2024 and not 12/10/2024. Exhibit PSG/1





2010/11



## Witness contact details Home address: Postcode: Home telephone No: Work telephone No: Mobile/Pager No: E-mail address: Preferred means of contact (specify details): Best time of contact (specify details): Male / Female Date and place of birth:

2010/11

RESTRICTED (when complete)



## RESTRICTED (when complete)



W	itness care			
a)	b) What can be done to ensure attendance?			
b)				
c)				
d) Does the witness have any particular needs? Yes No If 'Yes', what are they? (Disability, hear childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?)				
	Witness Consent (for witness completion)			
a) Ti	he Victim Personal Statement scheme (victims only) has been explained to me:	Yes 🗆	No П	
	nave been given the Victim Personal Statement leaflet	Yes 🗌	No 🗆	
) I h	have been given the leaflet "Giving a witness statement to the police – what appens 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 🗌	
) I c	onsent to my medical record in relation to this matter being disclosed to the fence:	Yes 🗌	No 🗆	N/A 🗆
l c	onsent to the statement being disclosed for the purposes of civil proceedings applicable, e.g. child care proceedings, CICA	Yes 🗌	No 🗆	N/A 🗌
igna	ture of witness:PRINT NAME:			-
igna	ture of parent/guardian/appropriate adult:PR	INT NAME	:	
ddre	ess and telephone number if different from above:			