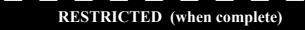
		R	RESTRICTED (when compl	ete)			MG 11 (T)	
WITNESS STATEMENT CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; Criminal Procedure Rules 2005, Rule 27.1								
Statem	ent of	Ps 83QK Graeme	e Day URN:					
Age if u	nder 18	Over 18	(if over 18 insert 'over 18') Occupa	tion: P	olice offi	cer		
This statement (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.								
Signatur	e:			Date:	28.3.1	3		
Tick if witness evidence is visually recorded <i>(supply witness details on rear)</i>								
I make t	nis statem	ent further to my sta	tatement dated 24th March. I hav	ve been the	ward ser	geant for Kilb	urn Ward	
since October 2011. I am aware of issues that have been taking place Kilburn High Road at the junction with								
Glengall Road, NW6. There have been instances of calls to police regarding anti social behaviour in and around								
this loca	this location in varying degrees. I must make comment in respect to William Hill 141 - 143 Kilburn High Road,							
NW6. S	NW6. Since my time in post I find the staff at the premises very helpful whenever I visit. They are always							
professio	professional and assist myself and colleagues with any enquiries we might have. Staff at these types of premises							
have to deal with people that are sometimes aggressive and angry. As stated I have always found staff at the							aff at the	
above shop professional and always willing to assist police if we are called to their shop. As mentioned in my								
previous statement we have always encouraged them to call police if they are having to deal with an incident								
within the shop that they feel may be potentially violent and have also encouraged them to call police to assist us								
compile intelligence in relation to the alleged street drinking problem outside their premises. This was done in								
	*	cure a dispersal zone						
In my opinion the problems that sometimes occur in the vicinity of the above shop are in no way linked to how								
the premises are run. This issue with people drinking in the street and how to solve that problem is part of a soci								
economic problem that needs to be addressed by a number of agencies. I think the staff within the above premises								
are aware of their responsibilities under the licensing act and they robustly enforce this when they come across								
people trying to drink alcohol in their shop. The list contained in my previous statement sometimes makes								
reference to calls directly linked to the shop but most of these relate to disputes over bets made or someone who								
has cause	ed damage	e to a gaming maching	ine.					

Signature:

..... Signature witnessed by:

.....



MG11

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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 <u>non-availability</u>	

Witness care

- a) Is the witness willing and likely to attend court? Yes. 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 <u>decline</u> their services:						
Signa	ture of witness: Print name:						
Signature of parent/guardian/appropriate adult:							
Address and telephone number if different from above:							
State	nent taken by (print name):						
Time and place statement taken:							

2006/07(1): MG 11(T)

RESTRICTED (when complete)