

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 **Ps 83QK Graeme Day**..... URN:

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

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: **28.3.13**.....

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

I make this statement further to my statement dated 24th March. I have been the ward sergeant for Kilburn 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 location in varying degrees. I must make comment in respect to William Hill 141 - 143 Kilburn High Road, NW6. Since my time in post I find the staff at the premises very helpful whenever I visit. They are always 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 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 order to help us secure 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 social 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 caused damage to a gaming machine.

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? **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 | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| b) I have been given the Victim Personal Statement leaflet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| c) I have been given the leaflet 'Giving a witness statement to police — what happens next?' | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| d) I consent to police having access to my medical record(s) in relation to this matter:
(obtained in accordance with local practice) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e) I consent to my medical record in relation to this matter being disclosed to the defence: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f) I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 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: | | | | | <input type="checkbox"/> |

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: