

WITNESS STATEMENT

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

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Statement of:

Age if under 18: (if over 18 insert 'over 18') Occupation:

In which language would you prefer to give your evidence in:

In which language would you prefer to give your oath/affirmation:

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: Date:

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

Athrs ondayof20..... I observed the following vehicle which I believed to be committing the offence of driving without lawful authority on *common land/ moorland / a footpath / land not forming part of a road / bridleway / restricted byway.

It was a (colour).....(make).....(model)..... registration number.....

The location wasGrid reference*

I did/did not* see the driver/rider of the (make).....(.Model).....

The driver/rider of the vehicle was male/female I would describe as

.....
.....
.....

I *have/ have not got *photographic/video evidence of this incident.

I am prepared to attend court and support any police action taken.

*delete as appropriate

Signature: Signature witnessed by:

Continuation of Statement of:

Signature: _____ Signature witnessed by: _____

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: _____

Former name: _____ Ethnicity Code (16+1): _____ Religion / Belief (*Specify* _____)

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 form **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 particular 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 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 the 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 if applicable, e.g. child care proceedings, CICA Yes No

g) The information recorded above will be disclosed to the Witness Service so that they can offer 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: _____