

## 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**      Ian Clements PC 362MD.....      URN:      

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

This statement (consisting of: ....**2**..... 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:      01/12/2009 .....

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

*I am Ian Clements PC362MD/193760 and currently posted to the Police Licensing Office at Walworth Police Station, 12/28 Manor Place, Walworth, London, SE17 3RL. I am authorised to represent the Metropolitan Police in all issues connected to Licensed Premises located within the London Borough of Southwark.*

*On Wednesday the 25th November 2009 I attended Southwark Town Hall to represent Southwark Police Licensing. The hearing was as a result of representations submitted by myself apposing the granting of four temporary event notices submitted by Miss Sandra Da Costa. The temporary events were to extend the opening hours of the Banana Bar 374 Walworth Road SE17 from 1am to 4am.*

*My representations were made as a result of research on the venue revealed an unacceptable level of crime and disorder related calls to the premises. Several of the incidents reported to police suggested that the premises were open beyond their terminal hour.*

*During the hearing Mr Rodrigues openly admitted to trading beyond the terminal hour and operating in breach of his licensing conditions. Mr Rodrigues explained that there was insufficient trade during his normal licensing hours and remained open outside his permitted hours to attract the late night trade.*

*I am aware that Mr Rodrigues and Miss Sandra Da Costa have applied to vary their licensing hours to 4am. The applicants have already displayed a disregard for the licensing objective, as a result Police have had to attend the premises on a number of occasions to deal with drink related violence. These actions are irresponsible, and have resulted in number of*

Signature:      .....      Signature witnessed by:      .....

Continuation of Statement of .....

*assaults and arrests that may have been avoided had the applicants been operating in accordance with their licence conditions.*

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? **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?  
**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 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: .....