

F-1888	tness contact details me address:				
110	me aduress:	Postcode:		************	
U.		. I osteode.		***********	
	About a Clare to the control of the				
				AND THE PERSON NAMED IN	
207	ferred means of contact:			200000000000000000000000000000000000000	
	lo / Female (delete as applicable) Date and place of birth:				
-	mer name: Ethnicity Code (16+1): Re	ligion/belief:		MONTH OF THE PARTY	41.64
Dat	tes of witness <u>non-availability</u>	***************************************		••••••••	
			*********		***
Wit	tness care				
a)	Is the witness willing and likely to attend court? Yes / No. If 'No', include reason(s) on M	G6.			
b)	What can be done to ensure attendance?				
c)	Does the witness require a Special Measures Assessment as a vulnerable or intimidated wi Yes / No. If 'Yes' submit MG2 with file.	tness?			
d)	Does the witness have any specific care needs? Yes / No. If 'Yes' what are they? (Disability, I difficulties, visually impaired, restricted mobility or other concerns?)	nealtheare, childcare	transport	, , language	
d)		nealtheare, childeare	i, transport	. , language	
100	ness Consent (for witness completion)			, language	
	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has	Yes	No [. , language	
Wit	ness Consent (for witness completion)			. , language	
With	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet	Yes Yes	No [, language	
Wit	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me	Yes Yes	No [, language	
Wit (1)	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet	Yes Yes	No [language	
Witt)	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet I have been given the leaflet 'Giving a witness statement to police — what happens next?' I consent to police having access to my medical record(s) in relation to this matter:	Yes Yes Yes	No [No [No [
wit(1)	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet I have been given the leaflet 'Giving a witness statement to police — what happens next?' I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)	Yes Yes Yes Yes	No [No [No [No []]] N/A [
wite (a) (b) (c) (d) (d)	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet I have been given the leaflet 'Giving a witness statement to police — what happens next?' I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice) I consent to my medical record in relation to this matter being disclosed to the defence: I consent to the statement being disclosed for the purposes of civil proceedings e.g. child	Yes	No [No [No [No [No []]] N/A [
Witt () () () () () () ()	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet I have been given the leaflet 'Giving a witness statement to police — what happens next?' I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with ocal practice) I consent to my medical record in relation to this matter being disclosed to the defence: I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA The information recorded above will be disclosed to the Witness Service so they can offer	Yes	No [No [No [No [No [No [N/A [
Wit(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ness Consent (for witness completion) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet I have been given the leaflet 'Giving a witness statement to police — what happens next?' I consent to police having access to my medical record(s) in relation to this matter: (chained in accordance with ocal practice) I consent to my medical record in relation to this matter being disclosed to the defence: I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA 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:	Yes Yes Yes Yes Yes Yes	No [No [No [No [No [No [N/A [

2000027(1):M(I 11(T)

Time and place statement taken:

RESTRICTED (when complete)

Statement taken by (print name): PC 752YE 206372 Steve ELSMORE...... Station: YE......

26