



**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN

--	--	--	--

Statement of: .....

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

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 anything in it, 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*)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

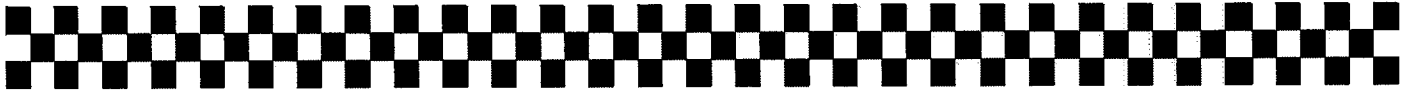
.....

.....

.....

Signed :

Signature witnessed by :







**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

**Witness Contact Details**

Home address: .....  
 ..... **Postcode:** .....

Home telephone no: ..... Work telephone: .....

Mobile/Pager no: ..... Email address: .....

Preferred means of contact: .....

Male  Female  Date and place of birth: .....

Maiden name: ..... Height: ..... Ethnicity Code: .....

Dates of witness non-availability: .....

**Witness Care**

a) Is the Witness willing and likely to attend court?  Yes  No  
 If 'No', include reasons on form MG6. What can be done to ensure attendance? .....

b) Does the witness require 'special measures' as a vulnerable or intimidated witness?  Yes  No  
 If 'Yes' submit MG2 with file

c) Does the witness have any specific care needs?  Yes  No  
 If 'Yes' what are they? (Healthcare, childcare, transport, disability, 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 leaflet 'Giving a witness statement to the police – what happens next?':  Yes  No

c) I consent to police having access to my medical record(s) in relation to this matter:  Yes  No  N/A

d) I consent to my medical record in relation to this matter being disclosed to the defence:  Yes  No  N/A

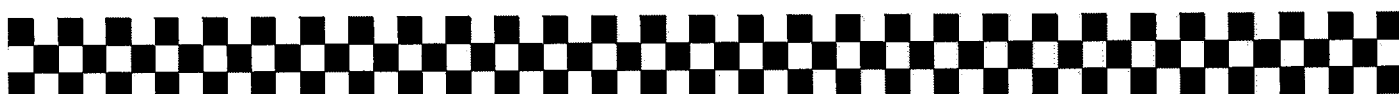
e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. childcare proceedings (if applicable):  Yes  No  N/A

f) The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:

Signature of Witness: .....

Statement taken by (print name): ..... Station: .....

Time and place statement taken: .....





**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN

--	--	--	--

Statement of: .....  
Age if under 18: ..... (if over 18 insert 'over 18') Occupation: .....

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 anything in it, 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*)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signed : Signature witnessed by :





**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN

--	--	--	--

Continuation of Statement of: \_\_\_\_\_

Large rectangular area with horizontal dotted lines for writing the witness statement.

Signed :

Signature witnessed by :





**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

**Witness Contact Details**

Home address: .....  
 ..... Postcode: .....

Home telephone no: ..... Work telephone: .....

Mobile/Pager no: ..... Email address: .....

Preferred means of contact: .....

Male  Female  Date and place of birth: .....

Maiden name: ..... Height: ..... Ethnicity Code .....

Dates of witness non-availability: .....

.....

**Witness Care**

a) Is the Witness willing and likely to attend court?  Yes  No  
 If 'No', include reasons on form MG6. What can be done to ensure attendance? .....

b) Does the witness require 'special measures' as a vulnerable or intimidated witness?  Yes  No  
 If 'Yes' submit MG2 with file

c) Does the witness have any specific care needs?  Yes  No  
 If 'Yes' what are they? (Healthcare, childcare, transport, disability, 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 leaflet 'Giving a witness statement to the police – what happens next?':  Yes  No

c) I consent to police having access to my medical record(s) in relation to this matter:  Yes  No  N/A

d) I consent to my medical record in relation to this matter being disclosed to the defence:  Yes  No  N/A

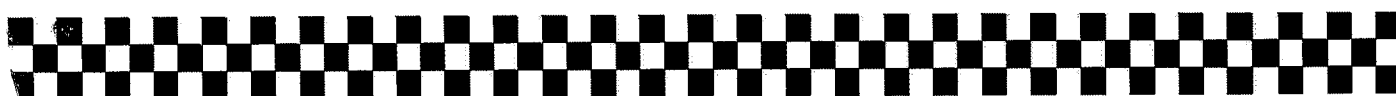
e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. childcare proceedings (if applicable):  Yes  No  N/A

f) The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:

Signature of Witness: .....

Statement taken by (print name): ..... Station: .....

Time and place statement taken: .....





# HAMPSHIRE CONSTABULARY

MG11C

## WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

**RESTRICTED**

Page No. :

Continuation of Statement of :

---

A large area of dotted lines for writing the witness statement.

Signed : \_\_\_\_\_

Signature witnessed by : \_\_\_\_\_

**RESTRICTED**





*Handwritten signature*



**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. ....

Continuation of Statement of : .....

URN				
-----	--	--	--	--

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

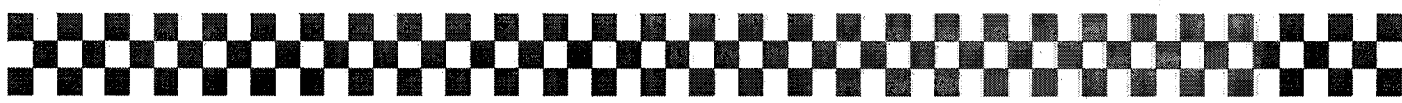


---



---

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







# HAMPSHIRE CONSTABULARY

**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. : \_\_\_\_\_

Continuation of Statement of : \_\_\_\_\_

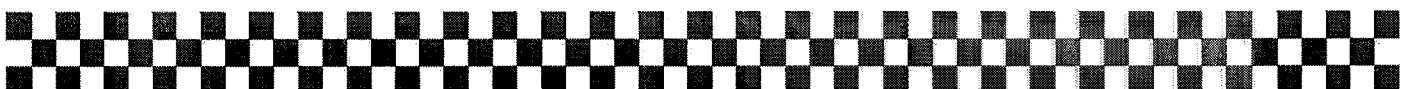
URN 

--	--	--	--

Area with horizontal dotted lines for writing the statement content.

Signed : \_\_\_\_\_

Signature witnessed by : \_\_\_\_\_





**HAMPSHIRE CONSTABULARY**  
**RESTRICTED – For Police and Prosecution Only**  
**WITNESS STATEMENT**

MG11C

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. : .....

Continuation of Statement of : -----

URN

Lined area for writing the witness statement.

Signed : ----- Signature witnessed by : -----







**HAMPSHIRE CONSTABULARY**

MG11C

**RESTRICTED – For Police and Prosecution Only**

**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. : . . . . .

Continuation of Statement of : -----

URN 

--	--	--	--

Area containing horizontal lines for writing the statement.

Signed : ----- Signature witnessed by : -----





# **HAMPSHIRE CONSTABULARY**

MG11C

## **RESTRICTED – For Police and Prosecution Only**

### **WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. : . . . . .

Continuation of Statement of : -----

URN				
-----	--	--	--	--

Signed : ----- Signature witnessed by : -----









**HAMPSHIRE CONSTABULARY**

MG11C

**RESTRICTED – For Police and Prosecution Only**

**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Page No. : .....

Continuation of Statement of : .....

URN 

--	--	--	--

Lined area for the witness statement content.

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





**HAMPSHIRE CONSTABULARY**

**RESTRICTED (when complete)**

**WITNESS STATEMENT**

(CJ Act 1967, s.9 MC Act 1980, ss.5A(3)(a) and 5B; MC Rules 1981, r.70)

**Statement of** .....

Age if under18 ..... (if over 18 insert 'over 18') Occupation: .....

This statement (consisting of: ..... 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:** .....

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

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

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