

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)

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)					I	
Age if under 18:		URN				
Age if under 18:		····-				
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HAMPSHIRE CONSTABULARY

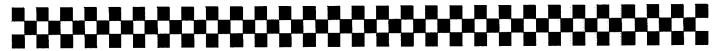
RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

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

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Signed:





HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only WITNESS STATEMENT

Witness Contact Details	
Home address:	
Postcode:	
Home telephone no: Work telephone	
<u>-</u>	
Preferred means of contact:	•••••
Male Female Date and place of birth:	
Maiden name: Height: Ethnicity C Dates of witness non-availability:	
Witness Care	
a) Is the Witness willing and likely to attend court? If 'No', include reasons on form MG6. What can be done to ensure attendance?	☐ Yes ☐ No
b) Does the witness require 'special measures' as a vulnerable or intimidated witness? If 'Yes' submit MG2 with file	1tcs110
c) Does the witness have any specific care needs?	□ Yes □ No
If 'Yes' what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaire	
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Witness Consent (for witness completion)	
a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me:	S 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 defend	ee:
e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. childcare proceedings (if applicable):	☐ Yes ☐ No ☐ N/A
The information recorded above will be disclosed to the Witness Service so that they unless you ask them not to. Tick this box to decline their services:	can offer help and support,
Signature of Witness:	
Statement taken by (print name): Station:	
Time and place statement taken:	





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

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Statement of: Age if under 18: (if over 18 insert 'over 18') Occupation:
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Signature: Date:
Tick if witness evidence is visually recorded \(\supply \text{witness details on rear} \)

Signed:





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

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Signed:





HAMPSHIRE CONSTABULARY

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WITNESS STATEMENT

Witness Contact Details		
Home address:		
Postcode:		
Home telephone no:		
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, re		
		• • • • • • • • • • • • • • • • • • • •
Witness Consent (for witness completion)		
a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me:	☐ Yes ☐ N	o
I have been given the leaflet 'Giving a witness statement to the police – what happens	☐ Yes ☐ N	0
next?	☐ Yes ☐ N	
 c) I consent to police having access to my medical record(s) in relation to this matter: d) I consent to my medical record in relation to this matter being disclosed to the defence: 	☐ Yes ☐ N	_
I consent to the statement being disclosed for the purposes of civil proceedings e.g.		o
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The information recorded above will be disclosed to the Witness Service so that they can unless you ask them not to. Tick this box to decline their services:	orrer neip and su	ippori,
Signature of Witness:		
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Time and place statement taken:		





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Signature:

HAMPSHIRE CONSTABULARY

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Page 1 of 2

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