

WITNESS STATEMENT

Criminal Procedure Rules r 27.2; Criminal Justice Act 1967, s.9: Magistrates' Courts Act 1980, s.5B

URN

[Empty box for URN]

Statement of: **PC 15598 Robson**

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

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: 10th JUNE 2019

Check box if witness evidence is visually recorded (supply witness details on last page)

I confirm I am the above named person working for GREATER MANCHESTER POLICE as a POLICE CONSTABLE. This statement should be referred to as a community impact statement on behalf of residents living in the immediate locality of the venue in question, including my own findings into alleged disorder and crime occurring at the ANGEL PUBLIC HOUSE, 147 HYDE ROAD, DENTON. All of these findings have originated from residents in the locality, customers of the pub or staff members from within. The aim of this statement will be to develop a working strategy with partner agencies to combat the issues and to demonstrate to the community that their concerns have been recognised. This in turn, will reduce crime and disorder at the pub.

I am the current Neighbourhood Beat Officer for the DENTON NORTH EAST area. Having held the post for approximately one month, I have been appraised by my predecessor of the ongoing issues within the community and what impact these issues have made on the residents. One such issue is the ongoing demand for Police resources responding to incidents that have either occurred inside the ANGEL PUBLIC HOUSE or originated from within and spilled out onto the street.

The following information is a result of my findings via interrogating local Police systems. The information has been gathered over a three year period;

- Since 10th June 2016, there have been 26 confirmed incidents recorded by Police regarding fighting. In each of these incidents, the conflict has either started from within the venue and spilled onto the street or been inside the

Signature:.....

Signature witnessed by:

venue itself. These incidents range in severity, from common assaults to serious life changing injuries caused by knives. There has also been one incident of arson with intent to endanger life concerning a deliberate ignition to a vehicle which was parked at the location.

- There have been 9 incidents of drink drivers who have been inside the pub prior to leaving.
- There are several pieces of intelligence suggesting that frequent drug taking and supplying is happening within the premises.

In early July 2019, I tasked PCSO 69561 LEECH and PCSO 71100 to conduct a crime survey in the immediate area. This crime survey includes asking residents what the issues of the immediate area are, without any prompt or mention of the ANGEL PUBLIC HOUSE. Of 7 residents willing to partake in this crime survey, 6 have made specific mention to the ANGEL PUBLIC HOUSE. This includes allegations of drug dealing both inside the premises and directly outside the premises and excessive noise. One such crime survey a resident explains they tried to speak with the landlord about the noise where they were told to "FUCK OFF". I exhibit these crime surveys as PR/01 if necessary for use in civil proceedings.

It is my opinion as officer responsible for the immediate area where The ANGEL PUBLIC HOUSE is situated, that the constant demand for Police and the ongoing problematic issues surrounding customers within the pub is causing a serious adverse effect on the quality of life for residents nearby. I do not believe the licensee is taking appropriate measures to minimise the risk to both customers and the wider public in order to keep their venue as a safe and enjoyable venue to socialise.

Signature:.....

Signature witnessed by:.....

| | | |
|--|---|-----------|
| <u>Witness contact details</u> | | URN |
| Home address: | | Postcode: |
| Home telephone no.: | Work telephone no: | |
| Mobile no: | E-mail address: | |
| Preferred means of contact: | <i>(Specify details for vulnerable/intimidated victims and witnesses only):</i> | |
| Gender: | Date and place of birth: , | |
| Former name: | Ethnicity code 16+1 | |
| DATES OF WITNESS NON-AVAILABILITY: | | |
| <u>Witness care</u> | | |
| a) Is the witness willing and likely to attend court? If 'No', include reason(s) on form MG6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b) What can be done to ensure attendance? | | |
| c) Does the witness require Special Measures Assessment as a vulnerable or intimidated witness? <i>Youth under 18; witness with mental disorder, learning or physical disability; or witness in fear of giving evidence or witness is the complainant in a sexual offence case) If 'Yes' submit MG2 with file in anticipated not guilty, contested or indictable only cases.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d) Does the witness have any particular needs? If 'Yes' what are they? (Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <u>Witness consent (for witness completion)</u> | | |
| a) The Victim Personal Statement scheme (victims only) has been explained to me: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b) I have been given the Victim Personal Statement leaflet: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c) I have been given the leaflet 'Giving a witness statement to the police' | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d) I consent to police having access to my medical record(s) in relation to this matter: <i>(obtained in accordance with local practice)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| e) I consent to my medical record in relation to this matter being disclosed to the defence: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| f) I consent to the statement being disclosed for the purposes of civil or other proceedings if applicable: e.g. child care proceedings, CICA. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| g) Child witness cases only. I have had the provision regarding reporting restrictions | | |
| Explained to me. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| I would like CPS to apply for reporting restrictions on my behalf | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| I understand that the information recorded above will be passed on to the Witness Service, which offers help and support to witnesses pre-trial and at court; | | |
| 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: | | |