

RESTRICTED (when complete)

MG11

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**WITNESS STATEMENT****Criminal Procedure Rules r 27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5B**URN Statement of: **Martin Richard Thorley**

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

This statement (consisting of two 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: 28<sup>th</sup> November 2019Check box if witness evidence is visually recorded  (supply witness details on last page)

I am Police Constable 14627 Martin Thorley of the Greater Manchester Police stationed at Ashton Police Station. My current role is that of Licensing Officer, Divisional Partnership Team for the Tameside District. I have delegation of authority on behalf of the Chief Officer of Police for all applications made in respect of the Licencing Act 2003.

I am aware that this statement will be used as part of an application for a representation to vary a premises licence at **194 Astley Street, Dukinfield, Tameside.**

I as Licensing Officer have representations about the time in which this premise wishes to sell alcohol to members of the public. There are several other Off Licenses in the nearby area which do not sell alcohol past 11pm, two of which are located on Astley Street, Dukinfield.

I have reviewed the application and the operating schedule and I do not see anything which would convince me that the four Licensing objectives would be demonstrated. As such I submit representation as follows:-

**The prevention of crime and disorder.**

I would anticipate that there would be an increase in crime and disorder which could lead to further demands being placed onto the Greater Manchester Police at a time in the early hours when demand on the Police Service is already at high levels. I believe that there would be an increase in complaints and opposition from local residents.

**The prevention of public nuisance.**

Given that area is predominately housing I would have concerns with the additional noise complaint and anti-social behaviour arising from customers leaving as late as 0100hrs as Astley News is located directly next door to the Chapel House Public House on Astley Street, Dukinfield. With the proposed licensing times I believe that the sale of alcohol at these times could pose significant risk to patrons who have already been drinking in the Chapel House pub as they and others would be able to purchase and consume more alcohol.

It is the opinion of the Greater Manchester Police that this application should be refused.

Signature:.....

Signature witnessed by:.....

2010/11

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<b><u>Witness contact details</u></b>		URN
Home address:		Postcode:
Home telephone no.:	Work telephone no:	
Mobile no: 07393145364	E-mail address:	
Preferred means of contact:	<i>(Specify details for vulnerable/intimidated victims and witnesses only):</i>	
Gender: Male	Date and place of birth: ,	
Former name:	Ethnicity code 16+1 1	
<b>DATES OF WITNESS NON-AVAILABILITY:</b>		
<b><u>Witness care</u></b>		
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	
<b><u>Witness consent (for witness completion)</u></b>		
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) <b>Child witness cases only.</b> 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): Martin Thorley		Station:
Time and place statement taken:		