

**WITNESS STATEMENT**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

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Statement of: **Stephen Charvill**

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: .....

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

I am the above named officer and am currently based as a Response Sergeant at Altrincham Police station. On Saturday 1<sup>st</sup> July 2017 I was on a night duty between 2100hrs to 0700hrs on 02/07/17.

Whilst on duty, at approximately, 0320hrs I was on mobile patrol when I passed through Altrincham town centre. I have worked in the Altrincham area for a number of years and am aware of the ongoing issues around licensed premises and late night takeaway food retailers as these tend to be the locations where disorder breaks out. Over a number of months, when on duty, I have carried out checks on licensed premises to ensure that the licensing laws are being complied with and to prevent incidents of disorder from taking place.

As part of those ongoing checks it had come to my attention that the late night takeaway trading as Canada Grill at Railway street, Altrincham had licence conditions to cease trading at 0300hrs. This premises is the focus of people coming out of the local pubs.

At 0323hrs on 2/7/17 I was on duty when I passed through the town centre at Altrincham. I observed that the premises at Canada Grill was still open although the front lights were not illuminated. There were a number of people, in excess of 6, inside the shop at the counter and the front door was wide open. There were also people outside the shop.

I recorded the front of the shop, as I passed, on my body worn video and exhibit the footage as SC/1. At the time I recorded the time on my watch as 0324hrs. I reported my findings to the licensing officer PC 19281 Parkin.

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

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**Witness contact details**

Home address: c/o Altrincham police station , Barrington road. WA14 1HZ  
 (include Postcode)  
 Home telephone no.: Work telephone no: 0161 856 9163  
 Mobile/Pager no: E-mail address: 16437@gmp.pnn.police.uk  
 Preferred means of contact: Best time of contact (specify details):  
 Male  Female (tick as applicable) Date and place of birth: 30/12/66 Mansfield  
 Former name: Height: Ethnicity code:  
 Religion/Belief (specify):

**DATES OF WITNESS NON-AVAILABILITY:**

**Witness care**

- a) Is the witness willing and likely to attend court? If 'No', include reason(s) on form MG6. Yes No
- b) What can be done to ensure attendance?
- c) Does the witness require Special Measures Assessment as a vulnerable or intimidated witness? If 'Yes' submit **MG2** with file. Yes No
- d) Does the witness have any particular 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 Victim Personal Statement scheme (victims only) has been explained to me: Yes No
- b) I have been given the Victim Personal Statement leaflet: Yes No
- c) I have been given the leaflet 'Giving a witness statement to the police - what happens next?': Yes No
- d) I consent to police having access to my medical record(s) in relation to this matter: Yes No N/A  
*(obtained in accordance with local practice)*
- e) I consent to my medical record in relation to this matter being disclosed to the defence: Yes No N/A
- f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable: Yes No N/A  
 e.g. child care proceedings, CICA.
- g) 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: ..... PRINT NAME:.....

Signature of parent/guardian/appropriate adult: ..... PRINT NAME:.....

Address and telephone number if different from above: .....

Statement taken by (print name): self

Station: Altrincham

Time and place statement taken: