MG 11	(T)
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CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; Criminal Procedure Rules 2005, Rule 27.1							
Statement of	PC Cowley		URN:				
Age if under 18	Over 18	(if over 18 insert 'over 18	') Occupa	tion: I	Police Of	ficer 203343	
make it knowing th		bages each signed by m evidence, I shall be liab re to be true.					
Signature:				Date:	15/10)/2020	
ick if witness evide	ence is visually recorde	ed (supply with	ess details	on rear)			
London Borough he last 30 month The aim of a PSI dentified as vuln choose to not co have found the ocations covered drug misuse and he Local authori Action Group to a Diver the last few ssues with prem not limited to as a Northolt Road - Alexandra Avenu Kingsley Road) (Kenton Court, Ke 345 Rayners Lar Whitchurch Land Near Platinum of Parkway j/w The Moorhouse Roa Way J/W Cotman PH) The residents an exposed to the b he areas mentio Looking at the M call but most req	of Harrow for 2 ye of Harrow for 2 ye of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the s	he Police. I am PC ars and have been as a Police constabi- ti-social behaviour i that are repeat offer maintaining a degre the borough. The P ative behaviours the bidentify any 'hot s hd partners tackle the nt of recorded drink dividuals behaviour. Train Station) (North (High Street, Weald ra Avenue, Rayners rove Road near Overbro bad, Harrow) (North are) (Gordon Road, ad) (Holy Trinity Chu- ont circle near Parne are often left with co- tenness and substate areas shown above dance. The types of assaults, drug posse	working v le for the n areas ic enders an ee of conf SPO unli at cause pots' and ne identifi trelated i This created to the conf stone, ne tated i this created to the conf to	with the I last twen dentified d the ord trol over p ke the Cl ASB. The they can ed issues ncidents ates 'hot I J/w St N ear TJ's F Columbia ds - Wicl (Parkway th Paraco one) dstone D dstone D r par) (S , litter, ur se. An ex authority f the calls ind ASB	icensing ity years. as proble ler is enfo persisten DZ cover e PSPO a be refer s. have incl spots' wi Margaret PH) (Rox Avenue, kes Build y j/w Stag le, Mollise prive, We haftesbui ine in the staff to e s are reso recorded	team in the M ematic, individ proceable for th t offenders ac s alcohol misu affords the MF red to a Borou reased rangin hich are identi Avenue) (463 borough Park Edgware) (7 ing) (Outside g Lane) on Way, Edgw aldstone) (Mo ry Circle near e street and are of the PSPO t enforce the PS plved by the te range from re	PS fo uals nose w ross t Jse, PS and Jgh Jc g from fied b , near -12 near t ware) Illison Maya e o cove SPO. elepho

MG11

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Witness contact details

Home address:			
		Postcode:	
Home telephone number	Work telep	bhone number	
Mobile/pager number	Email addr	ess:	
Preferred means of contact:			
Male / Female (delete as applicable)	Date and place of birth:		
Former name:	Ethnicity Code (16+1):	Religion/belief:	
Dates of witness <u>non-availability</u>			

Witness care

- a) Is the witness willing and likely to attend court? Yes / No. If 'No', include reason(s) on MG6.
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? Yes / No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care needs? Yes / No. If 'Yes' what are they? (Disability, healthcare, childcare, transport, , language difficulties, visually impaired, restricted mobility or other concerns?)

Witn	ess 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 Victim Personal Statement leaflet	Yes No		
c)	I have been given the leaflet 'Giving a witness statement to police — what happens next?'	Yes No		
d)	I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)	Yes No N/A		
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 e.g. child care proceedings, CICA	Yes No		
g)	The information recorded above will be disclosed to the Witness Service so they can offer help and support, unless you ask them not to. Tick this box to <u>decline</u> their services:			
Signa	ture of witness: Print name:			
Signa	ture of parent/guardian/appropriate adult: Print name:			
Address and telephone number if different from above:				
Statement taken by (print name): 548qk 203343 cowley Station: wembley				
Time	and place statement taken:			

RESTRICTED (when complete)