



CONFIDENTIAL

WITNESS STATEMENT

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

URN: | | |

Statement of:

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

This statement (consisting of 3 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 in it, anything 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 am employed by Oxford City Council as a Licensing Officer with responsibility for a wide range of licensable activities including the licensing of hackney carriages and private hire vehicles, their drivers and private hire operators. As a part of my duties, I have access to secure CCTV recordings made in suitably equipped vehicles, of which licensed Vehicle a motor car, registration number , is one such vehicle.

The proprietor of vehicle is and the driver at the date of incident was

On Mr. attended the Licensing Team's offices at Ramsay House and I downloaded a video clip from the CCTV installation in Vehicle to a laptop computer in my possession.

The video clip is as follows:

Table with 3 columns: Time Commenced, Date, Size. Multiple empty rows for recording details.

Signature: \_\_\_\_\_ Signature witnessed by: \_\_\_\_\_



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On I copied this clip to a DVD disc which I now exhibit as

The data downloaded from the vehicle's CCTV camera system and the laptop computer, remain in my possession.

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



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For Licensing Authority Only

Witness contact details

URN: | | |

Home Address: Ramsay House, 10 St Ebbes Street, Oxford

Post Code : OX1 1PT

Home Telephone No:

Work Telephone No: 01865

Mobile / Pager No:

Email address: licensing@oxford.gov.uk

Preferred means of contact (specify details): E-MAIL

Best time of contact (specify details): Monday – Friday 08.30 – 16.30

Gender: Date and Place of Birth:

Former name: Ethnicity Code: Religion / Belief:

DATES OF WITNESS NON-AVAILABILITY: VARIOUS COMMITMENTS- PLEASE CHECK

Witness Care

- a) Is the witness willing and likely to attend court? Yes No
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
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 (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 if applicable e.g. child care proceedings, CICA: Yes No N/A
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: Station:

Time and place statement taken:

Signature: Signature witnessed by:

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