Wi	tness contact details			
Но	me address: Enfield Police Station			
			Postcode:	EN1
Но	me telephone number	Work telephone num	nber 0208 345 112	3
Mo	bile/pager number	Email address:		
Pre	ferred means of contact:			
Male-/ Female (delete as applicable) Date and pla		Date and place of birth:		
Former name: Eth		Ethnicity Code (16+1):	Religion/belief	
Dat	tes of witness <u>non-availability</u> 23/12/14	- 02/01/2015		
Wit	tness care			
a)	Is the witness willing and likely to attend court? Yes. 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? No. If 'Yes' submit MG2 with file.			
	visually impaired, restricted mobility or other concerns?)			
Wit	ness Consent (for witness completion)			
a)	The criminal justice process and Victim Perbeen explained to me	ersonal Statement scheme (victims only	y) has Yes	No
b)	I have been given the Victim Personal Stat	ement leaflet	Yes	No 🗍
c)	I have been given the leaflet 'Giving a witn	ness statement to police — what happe	ens next?' Yes	No
d)	I consent to police having access to my me (obtained in accordance with local practice)	dical record(s) in relation to this matte	er: Yes	No N/A
e)	I consent to my medical record in relation	to this matter being disclosed to the de-	fence: Yes	No N/A
f)	I consent to the statement being disclosed for care proceedings, CICA	for the purposes of civil proceedings e.	.g. child Yes	No
g)	The information recorded above will be dis help and support, unless you ask them not			
Signature of witness:			int name:	
Sign	ature of parent/guardian/appropriate adult:	Pri	int name:	
Addı	ress and telephone number if different from a	bove:		
State	ement taken by (print name): PC Sophie	THEODOULOU St	ation: ENFIELD	
		rs at Englield Police		
	and prace statement taken.	and the second s		