

WITNESS STATEMENT

Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B

Statement of

URN:

Age if under 18

.....

(if over 18 insert 'over 18')

Occupation:

Immigration Officer

This statement (consisting of 4 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:

27.04.2020

Tick if witness evidence is visually recorded *(supply witness details on rear)*

I am the above named officer; I work on the arrest team at the South Yorkshire Immigration, Compliance and Enforcement, part of the Home Office based in Sheffield.

On 23 AUGUST 2019 at 18:50hrs hrs I was part of an Immigration Enforcement Team, comprising of Immigration Officer (IO) , IO , IO , IO , IO and Assistant Immigration Officer (AIO) . As a result of information provided by local intelligence we attended SPICE OF LIFE, 8-12 WELLOWGATE, GRIMSBY, DN32 0RA under the Immigration Act 1971.

We attended the business at approximately 18:50hrs, I entered at the front of the business with OIC and IO . IO spoke with the staff at the front of the restaurant to establish who was in charge, explain the power of entry and serve the Notice to Occupier. IO and I proceeded to the far end of the business to the kitchens. As we entered the kitchens two males, who I now know to be and both nationals of , fleeing through a door on the far wall.

One of the males had attempted to leave through the rear door and had been detained by IO .

IO and I searched the first floor for . There were numerous rooms, however

Signature:

Signature witnessed by:

Continuation of Statement of [REDACTED]

[REDACTED] was not in any of them. After some time, IO [REDACTED] stated that he could see a male on the roof.

IO [REDACTED] and I had a look at the roof from both the window the subject had climbed out of and from the rear of the premises where IO [REDACTED] was located. [REDACTED] eventually agreed to re enter the building.

IO [REDACTED] and I helped [REDACTED] back through the window. He was visibly shaken and cried for some time before calming down so IO [REDACTED] could speak to him in regards to his immigration status.

[REDACTED] was arrested as a person liable to be detained by IO [REDACTED].

Following this, IO [REDACTED] asked me to provide cover for her whilst she interviewed the manager of the restaurant Shahir HUSSAIN. HUSSAIN had attempted to frustrate the enforcement visit numerous times and had acted verbally aggressive throughout.

IO [REDACTED] asked HUSSAIN numerous questions in regards to the two males that had been encountered working illegally. He kept repeating "No comment"

Following this, officers attempted to leave the premises, however a GBR delivery driver purposely blocked our path with his car. It was clear that he was intentionally doing this. Eventually he was asked to move and after a few minutes he did.

I had no further involvement in the visit.

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

Witness contact details

URN : / /

Name of witness:

Home address: Postcode:.....

Email address: Mobile:.....

Home telephone number: Work telephone number:.....

Preferred means of contact (*specify details for vulnerable/intimidated witnesses only*):.....

Gender: Date and place of birth:.....

Former name: Ethnicity Code (16 + 1):

DATES OF WITNESS NON-AVAILABILITY:**Witness care**

- a) Is the witness willing to attend court? Yes ☐ No ☐ If 'No', include reason(s) on form **MG6**.
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? (*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*)
Yes ☐ No ☐ If 'Yes', submit **MG2** with file in anticipated not guilty, contested or indictable only cases.
- d) Does the witness have any particular needs? Yes ☐ No ☐ If 'Yes', what are they? (*Disability, healthcare, childcare, transport, 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 Home Office...." 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) **Child witness cases only.** I have had the provision regarding reporting restrictions explained to me. Yes ☐ No ☐ N/A ☐
- I would like the CPS to apply for reporting restrictions on my behalf. Yes ☐ No ☐ 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*): Station:

Time and place statement taken: