



## West Midlands Police WITNESS STATEMENT

CRIME REF NO.

(CJ Act 1967, s.9 MC Act 1980, ss.5A (3)(A) and 5B, MC Rules 1981, r.70)

Statement of .....

Age if under 18 ..... (if over 18 insert 'over 18') Occupation .....

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.

Dated the ..... Day of .....

Signature .....

I am ..... of the West Midlands Police currently stationed at Solihull North Police Station. On / between ..... I attended at the address(s) listed below where I marked the below listed property using Smartwater Indsol Tracer. I then completed a Witness Statement / Registration Form. Any remaining solution was returned to a secure holding area at Solihull North Police Station

I produce the **Smartwater Unique Registration Number**  
(Exhibit No                                   ) (                                   )

Address

ITEM	MAKE	MODEL	SERIAL NUMBER	WHERE MARKED

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



**RESTRICTED - FOR POLICE AND PROSECUTION ONLY**

Home address .....

Home Telephone No. .... Mobile/Pager No. ....

E-mail address (if applicable and witness wishes to be contacted by e-mail) .....

Contact point (if different from above): .....

Address .....

Work Telephone No. ....

Male / Female (delete as applicable) Date and place of birth. ....

Maiden Name ..... Height ..... Ethnicity Code .....

State dates of witness non-availability: .....

I consent to police having access to my medical record(s) in relation to this matter: YES  NO

I consent to my medical record in relation to this matter being disclosed to the defence: YES  NO

I consent to my details being passed to the Victim Support Service and the Witness Service: YES  NO   
to assist me at court:

Does the person making this statement have any special needs if required to attend court and give evidence? (eg language difficulties, visually impaired, restricted mobility, etc). YES  NO   
If YES, please enter details. ....

Does the person making this statement need additional support as a vulnerable or intimidated witness? If YES, please enter details YES  NO   
.....

Does the person making this statement give their consent to it being disclosed for the purpose of civil proceedings (eg child care proceedings)? YES  NO   
.....

Statement taken by (Print name) .....

Station .....

Time and place statement taken .....

Signature of witness .....

