

WITNESS STATEMENT

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

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Statement of Mr STEPHEN JOHN PORT

Age if under 18 (if over 18 insert 'over 18') Occupation CATERING MANAGER

This statement (consisting of 2 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

Signature Date 19th JUNE 2014

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

I make this statement in relation to a male I found laying by my front door, the entrance to 59-62 Cooke Street, Barking at about 4am on Thursday 19th JUNE 2014.

On Wednesday 18th JUNE 2014 at about 8.30pm I left my ground floor flat to go to work at Stage Line, Bus Company WOST Ham, I worked the 9am to 3.45pm Shift, I arrived home at about 4am as I approached my front communal door to the block I saw a male lying on the floor, his head was lying towards the door with his body curved, his was lying on his right side with his left arm sticking up with his elbow bent, forearm back towards his body, I could not get into my door, I tried to rouse him by slapping his face, he didn't wake up but he made a gurgling noise, I lifted him up by putting my hands under his armpits and sat him upright, he was still in the way so I lifted him and put him against the wall by the post box, he still didn't wake up, it was still dark and he had a hood on which was covering most of his face, after I had moved him to the seated position by the wall on the

Signature

Signature

Signature Signature witnessed by

P.T.O.



RESTRICTED – FOR POLICE AND PROSECUTION ONLY
(when complete)

Form MG11

Witness contact details

Home address 62 Cooke Road, Barking Postcode IG11 7AF
Home telephone No. _____ Work telephone No. _____
Mobile/Pager No. 07903854105 E-mail address Stephen.Park.2003@yahoo.co.uk
Preferred means of contact Mps.
Male/ Female (delete as applicable) Male Date and place of birth 22nd/1985 Southend
Former name _____ Height 6'03" Ethnicity Code 1
Dates of witness non-availability _____

Witness care

- a) Is the witness willing and likely to attend court? Yes / No If 'No', include reason(s) on Form MG6. What can be done to ensure attendance? _____
- b) Does the witness require 'special measures' as a vulnerable or intimidated witness? Yes / No If 'Yes', submit MG2 with file.
- c) Does the witness have any specific care 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)

- | | Yes | No | N/A |
|--|--------------------------|-------------------------------------|-------------------------------------|
| a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) I have been given the leaflet 'Giving a witness statement to the police – what happens next?' | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) I consent to police having access to my medical record(s) in relation to this matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) I consent to my medical record in relation to this matter being disclosed to the defence: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) I consent to the statement being disclosed for the purposes of civil proceedings, e.g. child care proceedings (if applicable): | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) 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: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Signature of witness X

Statement taken by (print name) Young 188916 Station ORKU

Time and place statement taken 07:50hrs. 62 Cooke Road.