

WITNESS STATEMENT

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

Statement of A/PS GODFREY 2503NA URN:

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Age if under 18 Over18 (if over 18 insert 'over 18') Occupation: Police Officer

This statement (consisting of: 1 page 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: JordanGODFREY2503NA Date: 04/04/2025

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

I HAVE NOT VIEWED BY BODY WORN VIDEO FOOTAGE BEFORE WRITING THIS STATEMENT

On TUESDAY 18TH MARCH 2025, I was on duty in full uniform, call sign NA12N. At around 0040 hours, CAD 171/18MAR25 was circulated via my PR, which was to NORTH EIGHT PUBLIC HOUSE, N8. The call was circulated as a large group of IRISH travellers fighting inside of the venue. I was aware that over the course of the evening, police had been called there twice already, even to the extent of a TSG request being made, as the situation was out of the capabilities of local borough units.

I attended the location and as I walked into the public house, I saw a large group of males and females at the back of the venue whom all appeared to be fighting. I could see people throwing punches and lots of pushing and shoving. I requested for all available units to make their way to my location due to the scale of the disorder. I did try and make attempts to disrupt the fighting and eventually placed one of the fighting males in an arm lock and removed him from the venue. I could not identify all of the people that were fighting. Eventually, further units arrived and all of the persons involved were removed from the venue. This group then spilled out onto the road, still being anti-social, causing disturbance to the local residence. There were also in excess of 5 police vehicles at the location trying to disperse this group.

The pub was left in a state of disarray. There were tables and chairs that were knocked over / upside down, food had been thrown all over the venue and drinks poured on the floor. The venue staff clearly had no control over the situation or the patrons that they had allowed entry to and served alcohol to. All of the patrons that were removed were heavily intoxicated and this raised concerns about staff serving alcohol to people who were so heavily intoxicated.

Venue staff/management had very obviously lost complete control of the situation and appeared to not have sold alcohol or managed their venue responsibly.

I exhibit my body worn video footage of this incident as: JLG/01

Signature: Signature witnessed by:

Witness contact details

Home address:

..... Postcode:

Home telephone number Work telephone number

Mobile/pager number Email address:

Preferred means of contact:

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

Former name: Ethnicity Code (16+1): Religion/belief:

Dates of witness non-availability

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Witness care

- a) Is the witness willing and likely to attend court? Yes / No. 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?
Yes / No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care 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 criminal justice process and 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 police — what happens next?' Yes ☐ No ☐
- d) I consent to police having access to my medical record(s) in relation to this matter: Yes ☐ No ☐ N/A ☐
(obtained in accordance with local practice)
- 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 e.g. child care proceedings, CICA Yes ☐ No ☐
- g) The information recorded above will be disclosed to the Witness Service so 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 (print name): Station:

Time and place statement taken: