

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 **Alan Cruickshank** URN:

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Age if under 18 **Over 18**..... (if over 18 insert 'over 18') Occupation: **Police Constable 189HT**

This statement (consisting of: **2**..... 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: *Alan Cruickshank* Date: 11/05/10

I am a police licensing officer based at Bethnal Green Police Station , 12 Victoria Park Square, E2 9NZ . I have been in this role for just over two years.

On Saturday 8th May 2010 at about 0215, whilst on duty in plain clothes , I attended London Food Centre at 407 Roman Road , E3. On entering, I picked up two soft drinks and then went to the fridge at the rear of the right hand side of the shop. I then picked up from the fridge shelf a tin of Strongbow cider. I produce this tin of Strongblow as Exhibit ADC/1 (Book 66 / 1021 refers) I did not see any of the shutters down over the alcohol. At about 0217 I went up to the front counter and paid for these goods. The male who served me was a Turkish looking male with a bald head. He looked about 45 years of age. After I had paid, another male was putting tins of Kronenburg lager on the counter asking what deals they had for this lager. I then left the shop. I am aware that the licensable activity of selling alcohol should stop at 2300. *Alan Cruickshank*

Signature: *Alan Cruickshank* Signature witnessed by:

Witness contact details

Home address:
 Postcode:
 Home telephone number **56699** Work telephone number
 Mobile/pager number Email address: **Alan.Cruickshank@met.police.uk**.....
 Preferred means of contact:
Male / Female (delete as applicable) Date and place of birth: **16/03/1962 Aberdeen**
 Former name: Ethnicity Code (16+1): **W9** Religion/belief:
Dates of witness non-availability 9-13th Sept 2010 , 16th-24th Oct 2010

Witness 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.
- d) Does the witness have any specific care needs? **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: (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 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): **PC 189HT p185533 Alan Cruickshank** Station: **Bethnal Green**
 Time and place statement taken: **Licensing Office 10th May 2010 at 0955**