

Witness Statement

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

URN:

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Statement of:

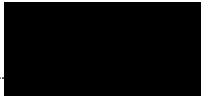


Age if under 18 (if over insert "over 18"): over 18

Occupation: Surveillance Operative

This statement (consisting of Pages(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.

Name / Signature:



Date: 14th October 2021

Tick if witness evidence is visually recorded: (Supply witness details on last page)

Statement

1. I am and I am employed by The Surveillance Group Ltd, of Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester WR5 2RY.
2. I was instructed by The Surveillance Group Ltd to attend Primo Remedy, 24 Wentworth Street, London, E1 7TF in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.
3. At approximately 11:15 hrs on the 14th October 2021 I visited Primo Remedy, 24 Wentworth Street, London, E1 7TF.
4. Upon entering the premises I was greeted by a female of Asian appearance. She had long brown hair and was wearing a black top and black trousers. The female asked what I would like and I asked for a forty-five massage and paid £45 in cash.
5. The female took the cash and directed me to go downstairs. At the bottom of the stairs I was greeted by a young female of Asian appearance who was wearing a maroon dress with a white cardigan. The female lead me into room 3 off a small corridor which had multiple rooms off of it.
6. The room was small with a massage bed and there was a small shower in the corner and a sink. The female instructed me to get and undressed and lay down. She then left me to undress.

The female returned to the room and started to massage my back. She then asked me to remove my underwear, to which I asked to keep them on and the female continued with the massage. After a short time massaging my back, the female asked to remove my underwear again. I declined and the female continued with the massage.

Halfway through the massage the female asked me to turn over and she began massaging my front.

Name / Signature:



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During this time the female massaged close to my inner thigh and kept running her hand up my inner thigh as she asked if it was a good massage in a flirtatious manner.

The female continued with the massage and when she had finished she said she would leave me to get dressed. She then left the room. I got dressed and proceeded upstairs and the two females were both by the front desk.

I then exited the premises at approximately 11:58 hrs.

- 7. During this visit the masseuse displayed suggestive behaviour offering, without any previous suggestion by myself, services of an apparent sexual nature.*
- 8. I declined all offers of such services.*
- 9. Following my visit I immediately returned to my vehicle and wrote notes on the details of the event within a document on my work-issued smart-phone on 14/10/2021. I exhibit these as BM.001*
- 10. I believe the facts stated in this witness statement are true.*

Name / Signature: _____

Witness Details

Home Address: The Surveillance Group Ltd, Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester **Post Code:** WR5 2RY

Home Tel No: _____ **Work Tel No:** _____ **Mobile Tel No:** _____

Email Address: _____ **Preferred means of contact:** Email

Best time of contact: _____

Sex: _____ **Date & Place of Birth:** _____ **RSA** _____ **Former Name:** _____

Ethnicity Code (16+1): _____ **Religion / Belief:** _____

Dates of Witness Non-Availability: _____

Witness Care (please tick or type in box provided)

Yes No

- a) **Is the witness willing to attend court?** (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?** (If Yes, submit MG2 with file)
- d) **Does the witness have any particular needs?**
- If Yes, what are they?** (Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)
-

Witness Consent - For Witness Completion(please tick)

Yes No N / A

- a) **The Victim Personal Statement scheme (victims only) has been explained to me:**
- b) **I have been given the Victim Personal Statement leaflet:**
- c) **I have been given the leaflet "Giving A Witness Statement to the Police – What Happens Next?":**
- d) **I consent to police having access to my medical record(s) in relation to this matter:** (obtained in accordance with local practice)
- e) **I consent to my medical record in relation to this matter being disclosed to the defence:**
- f) **I consent to the statement being disclosed for the purposes of civil proceedings if applicable:** (eg. Child care proceedings, CICA)
- g) **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:**

Witness Signature: _____ **Print Name:** _____

Parent/Guardian/appropriate adult Signature: _____ **Print Name:** _____

Address and telephone number if different from above: _____

Statement Taken By (print name): _____ **Station:** _____

Time and Place Statement Taken: _____

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URN:				
Crown Court No:				

at

Witnesses (1) (4)
 *Insert No.: (2) ()
 (3) ()

Mark dates when Investigators and other witnesses are NOT available. Codes for non-availability
 R = Rest day L = Leave C = Course N = Night duty S = Sickness O = Other

Month		Month		Month		Month		Month		Month	
Date	Witness number	Date	Witness number	Date	Witness number	Date	Witness number	Date	Witness number	Date	Witness number
1		1		1		1		1		1	
2		2		2		2		2		2	
3		3		3		3		3		3	
4		4		4		4		4		4	
5		5		5		5		5		5	
6		6		6		6		6		6	
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30		30		30		30		30		30	
31		31		31		31		31		31	

'O', 'C' and 'S' codes — give full details:

 Name of person submitting form and date

Name / Signature: _____

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