

LONDON BOROUGH OF TOWER HAMLETS HEALTH AND SAFETY **RESTRICTED (when complete)**
Witness Statement

MG11

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: [REDACTED]
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: [REDACTED] Date: 15th October 2021

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

Statement

1. I am [REDACTED] and I am employed by [REDACTED]
2. I was instructed by [REDACTED] to attend Genesis Thai Beauty Spa, Unit 2 Nagpal House, 1 Gunthorpe Street, London, E1 7RG in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.
3. At approximately 11:33 hrs on the 15th October 2021 I visited Genesis Thai Beauty Spa, Unit 2 Nagpal House, 1 Gunthorpe Street, London, E1 7RG.
4. The door was locked and I was greeted by a female of Asian appearance wearing a black top, black leggings and a black blazer. The female unlocked the door and welcomed me in, asking if I would like a massage. I replied yes and asked what massages they offer, the female replied 30 minutes is £40 and one hour is £55.
5. I asked for one hour and paid £55 in cash. The female then lead me down a corridor which had multiple rooms leading from it to the end room. The female told me to undress and said she would be back.
6. Inside the room was a massage bed, shower, small sink, cupboard, storage racks and a chair. I proceeded to undress and lay on the bed waiting for the female to return.
7. The female returned to the room a few minutes later and asked if I would like a strong massage today. I replied yes and the female explained to me that a strong massage is normally £60 but she would do the massage for cheap at £55.

The female began the massage by covering me with a large towel. Approximately ten minutes into

Name / Signature: [REDACTED]

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the massage the female asked me to remove my underwear. I asked if I needed to and the female replied yes and that it was because of the oil. The female covered me with a towel again.

Whilst massaging my back the female ran her hand lightly up the inside of my legs. Halfway through the massage the female asked me to turn over and when I did, the female did not replace the towel to cover me and continued with the massage.

Whilst massaging my front, the female asked me if I wanted extra. I asked her what extra was and the female replied "massage here" and placed her hand on my crotch. I declined and the female continued with the massage.

Once the female finished the massage she said she had done a strong massage rather than a medium one. She stated that a strong massage cost £60 and I needed to pay the extra £5. I tried to clarify about the discount but she stated that I needed to pay it.

The female then left the room for me to dress. When I was dressed I exited the room and paid her £10. The female thanked me and did not initially give me any change. I asked the female for the change and she went and got me £5.

I then exited the premises at approximately 12:38 hrs.

8. *During this visit I was offered, without any previous suggestion by myself, services of an apparent sexual nature.*
9. *I declined all offers of such services.*
10. *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 15/10/2021. I exhibit these as BM.003*
11. *I believe the facts stated in this witness statement are true.*

Name / Signature: _____

Witness Details

Home Address: _____ Post Code: _____

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

Email Address: _____ Preferred means of contact: Email

Best time of contact: _____

Sex: Male Date & Place of Birth: _____ 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
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3		3		3		3		3		3	
4		4		4		4		4		4	
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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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Name / Signature:  

