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

MG11

### **Witness Statement** Page 1 of 5

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

				URN	:			
Statem	ent of:							
Age if u	Age if under 18 (if over insert "over 18"): Over 18 Occupation: Surveillance Operative							
This st	tatement (consisting of	Pages(s	) each signed by me	e) is true to the best of my	knowledge	and beli	ef 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.						to be	
Name / Signature: Date: 15 <sup>th</sup> October 2021								
Tick if witness evidence is visually recorded: (Supply witness details on last page)								
State	ment							
7	,	1.7	, ,,					
1.	I am	and I an	n employed by					,
2. I was instructed by Artillery Lane, London, El 7LP in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.								
3.	3. At approximately 11:21 hrs on the 15 <sup>th</sup> October 2021 I visited Natural Treatment, Artillery House, Artillery Lane, London, E1 7LP.							
4.	4. Prior to entering the premises I noted that the business is now signed as 'Essential Therapies' with the telephone number 02073927605 on the main overhead sign.							
5.	5. I entered the reception and approached the reception desk where I was greeted by a middle-aged female of Asian appearance who was wearing a light blue quilted jacket, grey trousers and black shoes.							
6.	I asked the female if I could have a massage to which she asked "for how long". I stated that I would like 45 minutes and asked what that would cost. The female stated it would be £50. I said that I didn't have change and handed her $3 \times £20$ notes. The female said she would show me to the treatment room and return with my change.							
7.	The female guided me to the rear of the area where four rooms were situated behind a privacy screen. The female lead me to the first room on the left and told me to remove my clothes and lay face down on the bed. The female stated that she could provide a 'hot towel treatment' to warm the whole body at the end of the massage. She said this treatment would normally cost £20 however she would provide the service for £10. At this time she pointed at the money I had given her and I took				nd lay m the er she			

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**GARY FINNIGAN** 

Name / Signature:

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this to mean she would use the change I was owed to pay for the treatment. I kindly declined the offer and the female left the room and returned a moment later with £10 change.

- 8. The room was a small and dimly lit with a single massage table situated in the middle. There was a small sink at the far end of the room in front of a blacked-out window and a storage seat where I placed my clothes. Pinned to the rear of the door was a small sign which read 'We provide professional massage only. All massage therapists are qualified with training certificates. Please also be aware of your massage start time. Thank You'
- 9. I undressed to my underwear and lay face down on the massage table with a towel over my lower back and upper legs. A short while later another female entered the room and said hello. She wore black leggings, flat black shoes and a black sweater with a white pattern on it. This female spoke with an accent which appeared Russian and later confirmed she was from Russia during small talk.
- 10. The female tore a hole in the paper covering the aperture for my face. She then stood to the side and moved the towel on my back exposing my underwear. The female questioned "I take these off" to which I asked if I had to. The female replied that she would be using oils and removed my boxers. She then re-covered my buttocks and lower back with the towel.

The female began the massage and for the first 30 minutes massaged my neck, shoulders and back. *She then moved onto my calves and feet.* 

For the next ten minutes or so, the female massaged my hamstrings and buttocks. At this stage she slowed the pace and pressure of the massage. The female rubbed very close to my genitals each time she reached the top of my inner hamstring. The female then directed me to turn over onto my back and she lifted the towel. Once I was on my back, the female discarded the towel and continued with the massage.

After a minute or so she asked "you want an extra massage?" I asked what is 'extra massage' to which she replied "handjob or topless handjob" whilst making hand gestures. I asked what that would cost and she replied "you pay what you like".

I politely declined the offer and the female continued with the massage. She immediately went behind my head, leant forward and massaged my hips. The female's breasts were therefore rubbing on my face and she said "are you sure you don't want extra massage?" I again politely declined and she said that was ok.

The massage ended a minute or two later, we made some small-talk and the female left the room. I dressed and returned to the reception area where I was met by the first woman. This female asked if the massage was good, to which I replied that it had been very nice and thanked her. She noticed I was looked at the signs and posters on the wall and verbally listed some of the treatments. She ended saying" and we do other things to" pointing back towards the massuse who was putting the towels away.

I asked for her business card and thanked her, then exited the premises at approximately 12:06 hrs.

Name / Signature:		

## LONDON BOROUGH OF TOWER HAMLETS HEALTH AND SAFETY

# LONDON BOROUGH OF RESTRICTED (when complete)

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11. During this visit I was offered, without any previous suggestion by myself, services of an apparen sexual nature.	t
12. I declined all offers of such services.	
13. Following my visit I immediately returned to my vehicle and wrote notes on the details of the even within a document on my work-issued smart-phone on 15/10/2021. I exhibit these as GF.001	t.
14. I believe the facts stated in this witness statement are true.	

Name / Signature:

MG11

# LONDON BOROUGH OF TOWER HAMLETS HEALTH AND SAFETY

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:	UK Former Name:					
Ethnicity Code (16+1):	Religion / Belief:					
Dates of Witness Non-Availability:						
Witness Care (please tick or type in box provided	d) Yes No					
a) Is the witness willing to attend court? (If no, in	nclude reason(s) on form MG6)					
b) What can be done to ensure attendance?						
c) Does the witness require a Special Measures intimidated witness? (If Yes, submit MG2 with the state of the						
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:	me:  I have been given the Victim Personal Statement leaflet:					
I have been given the leaflet "Giving A Witness Statement to the Police – What Happens Next?":						
• •	\ I consent to police having access to my medical record(s) in relation to this					
e) I consent to my medical record in relation to to defence:	I consent to my medical record in relation to this matter being disclosed to the defence:					
	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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Name / Signature:	