



HAMPSHIRE & ISLE OF WIGHT

CONSTABULARY

Resolution Centre
Southampton Central Police Station
Southern Road
Southampton
Hampshire
SO15 1AN

Telephone

101

Text Relay

18001 101

Fax

01962 874201

Email Address

resolution.centre@hampshire.police.uk

Our Ref:

Your Ref:

Dear Sir / Madam

Your recent report of shoplifting is being managed by our Resolution centre. Please find your crime reference number in the subject field of the email, this should be quoted in any communication with us.

In order to assist with the investigation, please complete the forms included in this pack and return them to us as soon as possible.

We have enclosed:

- an explanation of how to complete this pack
- exhibit labels, along with an explanation of how to complete them
- a pro-forma witness statement for the incident
- a CCTV chronology sheet, along with an example of how to complete it
- a CCTV production statement

We require all of the above to be completed and returned to us – without it, we cannot investigate further.

We encourage the use of NICE DEMS. If you are able to use NICE DEMS please upload the CCTV footage using the link you have been sent.

If you are unable to use NICE DEMS, please provide any CCTV on disc. If we receive footage on USB-type storage, we need to send this to another department for conversion which causes a significant delay.

If you have any questions or difficulties completing the pack or have further information about the incident, please contact us on 101. If we do not receive the pack within 14 days from the date of this letter, we will assume that the evidence required to progress the investigation is not available and the investigation will be closed.

Yours faithfully,

Resolution Centre

Hampshire Constabulary



www.hampshire.police.uk



Deaf? Non-emergency text **07781 480999**



For crime and community information www.hampshirealert.co.uk

**HAMPSHIRE
ALERT**





Business Impact Statement (BIS)

All companies have the right to make a BIS at any time from the date of the incident to when it goes to court. The BIS sets out in your own words what impact the incident has had on your organisation. Should the case get to court it will be considered and may be questioned by the defence.

A BIS can be completed by a nominated person, for example a manager on behalf of your business. Alternatively this information can be added to the bottom of the pro-forma statement contained within this pack.

For further information on Victims of Crime or to request a BIS please contact the Resolution Centre on the above number, quoting your Crime Reference Number.

Alternatively you can download a BIS from

<https://www.gov.uk/government/publications/impact-statements-for-business/impact-statements-for-business-guidance>

Completing the Shoplifting Pack

If you cannot use DEMS. burn the CCTV footage onto a disc

1. Burn the CCTV footage onto a DVD. This must include all of the footage of the incident. If CCTV is the **only** evidence then it must show all elements of the offence and the suspect(s) must be identifiable from it for us to be able to progress the investigation. If the offence is not captured in full by the CCTV or the suspect is not identifiable then there is no need to burn the CCTV or return the pack. Contact the Resolution Centre if you need further guidance.
2. Complete the exhibit label enclosed for the CCTV (more advice in the attached guidance).
3. Complete the pro-forma statement. Cross through any sections that do not apply.
4. It may require more than one person to complete a statement. For example, if one staff member saw what happened and can say what was stolen, but it is another staff member that is downloading the CCTV. In this case both members of staff should complete separate statements.
5. We have supplied a CCTV production statement which can be found at the end of the pack . If a separate person is producing the CCTV then this will need to be completed by them.
6. If there is CCTV footage, a member of staff must complete a statement exhibiting it. If the witness also burns the CCTV then they can include it in their statement. If another person burns the CCTV, they must complete a statement and exhibit the disc, in addition to the attendant completing theirs. The person who exhibits the CCTV should complete the exhibit label for it.
7. All exhibits must be numbered sequentially (e.g. CCTV disc as ABC/01, Copy of till receipt as ABC/02 etc). See enclosed exhibit label example for guidance.
8. Remember to sign at every place where it says "signature" (a total of 5 signatures on the statement and 2 signatures on the back page that has your details).
9. A chronology must be completed by the CCTV operator outlining the sequence of events that the CCTV shows. See enclosed example form for guidance. Due to time constraints without a properly completely chronology, police are unlikely to investigate the incident.
10. Once the CCTV is burned off and the statements are complete please follow the instructions on the email.



Completing a blank Exhibit Label for your Video / DVD

Please be aware the notes in bold are **required**

Please be aware you do not need to complete an exhibit label for CCTV footage uploaded on DEMS. This still needs to be given a exhibit reference which you can complete in the statement.

<p>HAMPSHIRE & ISLE OF WIGHT CONSTABULARY</p>		C.5111/22
Identification Ref. No.	ANO/1	
Court Exhibit No.		
R - v -		
Description	2 DVDs of CCTV footage from Co-op, London on 01/01/15 from several cameras between 12:20 and 12:25pm	
Time/Date Seized/Produced	18:00 01/01/15	
Where Seized/Produced	Co-op, London	
Seized/Produced by	A.N. Other	
Signed		
Incident/Crime No.	4415000001	
Major Incident Item No.		
Laboratory Ref.		

This should be made up from your initials and a number. If this is the 1st DVD it will be no. 1, if it is the 2nd it will be no. 2 etc i.e. MAC/1

Leave blank

Leave blank

Please write something similar to "DVD of theft from Co-op on 01/01/06"

Enter the time and date the DVD/Video tape was recorded

The store address

Your name and your signature

Add your Crime Ref. number

Leave blank

Leave blank



WITNESS STATEMENT

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

URN [] [] [] []

Statement of []

Over 18 yrs old [] Yes [] No If no, age [] Occupation []

This statement (consisting of [] page(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.

Signature [] Date []/[]/[]

First name [] Surname []

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

1. I am the person named above and I currently work for [] (company) at [] (address) as a [] (job title) I have worked there for the past [] years [] months. On [] (date) I started work at [] hours

2. At [] hours, I was [] (where you were/what you were doing)

when I saw [] male(s) and [] female(s) had entered the store (numbers/delete appropriate). I would describe them as [] (full description including clothing)

Continued overleaf

Signature [] Signature witnessed by []



I **know/do not know** this/these person(s) *(delete appropriate)*. I know their names to be.....

.....
.....
.....

because

.....
.....
.....

..... *(how you know them/when you have seen them before)*

I **would/would not** recognise them if I saw them again *(delete appropriate)*

The suspect(s) selected item(s) from our stock and then left the store without making any attempt to pay. I saw

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

..... *(describe what you saw them doing and what you did)*

I was standing about meters away when I saw this. The suspect(s) were in the store for approximately minutes

There **was a** / **was nothing** obstructing my view *(describe/delete)*

3. The incident **was/was not** recorded on our CCTV system *(delete appropriate)*. At hours on *(date)*

using *(equipment/software)*,

I produced a **tape/CD/DVD** *(delete appropriate)* from our CCTV system. I then filled out a Hampshire Constabulary exhibit label.

and gave it exhibit number with the incident recorded between hours and hours on

..... *(date)*.

Continued overleaf

Signature

Signature witnessed by



NOT DISCLOSABLE - DO NOT SCAN WITH MAIN BODY OF STATEMENT - RESTRICTED WHEN COMPLETE

Witness Details

URN

First name Surname

Home address

Postcode

Email Preferred contact via: Home no. Mob no. Work no. Email

Home no. Mob no. Work no.

Gender Insert your ethnicity code: (select from the list below) Date and place of birth

A1 – Indian **A2** – Pakistani **A3** – Bangladeshi **A9** – Any other Asian ethnic background **B1** – Caribbean **B2** – African **B9** – Any other Black ethnic background **M1** – White and Black Caribbean **M2** – White and Black African **M3** – White and Asian **M9** – Any other Mixed ethnic background **O1** – Chinese **O9** – Any other ethnic group **W1** – British **W2** – Irish **W9** – Any other White ethnic background **NS** – Not stated.

Dates of non-availability

Witness Care

- A Is the witness willing to attend court? Yes No If no, police to 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? eg. youth under 18yrs; witness with mental disorder, learning or physical disability; witness in fear of giving evidence; witness is the complainant in a sexual offence case. Yes No If yes, police to submit **MG2**
- D Does the witness have any particular needs? Consider disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns. Yes No Details:

Witness Consent

	Applies to victims only	NA	Yes	No
A. The Victim Personal Statement (VPS) scheme has been explained to me.	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I have been informed that the leaflets 'Making a Victim Personal Statement' and 'Giving a Witness Statement to the Police – What Happens Next?' are available online at www.gov.uk , or I have been provided with copies.	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The restorative justice (RJ) process has been explained to me. I understand that my details will be automatically referred to an RJ provider unless I opt-out and that the consent of all parties is required. Please tick this box to decline RJ.	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I consent to police having access to my medical record(s) in relation to this matter.	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If obtained, I consent to my medical record in relation to this matter being disclosed to the defence.	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I consent to this statement being disclosed for the purposes of civil or other proceedings, eg. child care proceedings, CICA, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I have had the provision regarding reporting restrictions explained to me. I would like the CPS to apply for reporting restrictions on my behalf (child witness cases only).	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the information recorded above will be passed on to the Witness Service, which offers help and support to witnesses pre-trial and at court.

Witness Signature Parent/AA Guardian/Signature

Print name: Print name:

C100 taken by:

Based at:

Location taken:

Time taken:



WITNESS STATEMENT

Criminal Procedure Rules, r 27. 2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B

Statement of: URN

Age if under 18: (if over 18 insert 'over 18') Occupation:

This statement (consisting of page(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.

Signature: (witness) Date:

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

I am the above named person of the address shown over leaf.

This statement is in relation to (brief description of incident)

.....
.....

This occurred on (date and time)

.....
.....

This occurred at (location of incident)

.....
.....

At hours on/...../ 2022 at the request of police, I have produced (insert number of disc) CDROM/ DVD/ USB stick/s / uploaded the files onto DEMS (delete as applicable) containing CCTV footage of the incident.

This has been produced as (please create a separate exhibit reference for each disk)

.....
.....
.....
.....
.....
.....
.....

Signature: Signature witnessed by:

Not Disclosable

Witness contact details

Home Address:

Home Telephone No: Work Telephone No:

Mobile / Pager No: Email address:

Preferred means of contact (specify details):

Best time of contact (specify details):

Gender: Date and Place of Birth:

Former name: Ethnicity

Code: Religion /

Belief:

DATES OF WITNESS NON-AVAILABILITY:

Witness Care

a) Is the witness willing and likely to attend court? Yes No
 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. Yes No

d) Does the witness have any particular needs? Yes No

If 'Yes' what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)

a) The 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 the 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 if applicable e.g. child care proceedings, CICA: Yes No N/A

Signature of witness: PRINT NAME

Signature of parent/guardian/ appropriate adult: PRINT NAME

Address and telephone number if different from above:

Statement taken by: Station:

Time and place statement taken: