

RESTRICTED (when complete)


**VERA BAIRD**  
 POLICE & CRIME COMMISSIONER

**NORTHUMBRIA**  
**POLICE**  
 Proud to Protect

## 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: Stephen Stringer

URN

Age if under 18: Over 18(if over 18 insert 'over 18') Occupation: S.L Stringer

This statement (consisting of 1 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:

PRINT NAME: S.L StringerDate 10 / 10 / 2021
 Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

At 01:45hrs on Sunday 10th October 2021 I was on duty in full uniform with PC 2070 Catton and other colleagues when we attended JUNGLE BAR, VINE PLACE, SUNDERLAND to conduct a licensing visit.

As part of the visit I conducted a walk through of the premises accompanied by my colleagues. There were around 20 customers inside of the pub the majority of which were under the influence of alcohol.

I then made my way to the gents toilets within the premises again accompanied by PC 2070 Catton. I used a SIRCHIE NARK 2 COCAINE ID SWIPE to wipe the surface of the area around the sink in the gents toilet. The swipes are designed to presumptively identify trace amounts of Cocaine Hcl (powder) or Cocaine Base (crack or freebase). The swipe will turn blue if Cocaine is present. The swipe immediately turned blue. This was a positive indication that cocaine was present on the area around the sink.

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Witness contact details

Home address:  Postcode:

Home telephone No:  Work telephone No:

Mobile/Pager No:  E-mail address:

Preferred means of contact (specify details):  Please Select

Best time of contact (specify details):

Former name:  Date and place of birth:

Male ☐ Female ☐ Ethnicity Code (16 + 1)  M9 - Any other Mixed ethnic background Religion / Belief (Specify )

DATES OF WITNESS NON-AVAILABILITY:

(Consider: Booked holidays, usual holiday dates, set medical or other appointments, religious requirements, academic exam dates and any other known commitments.)

Witness care

a) Is the witness willing 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?

Yes ☐ No ☐ If 'Yes' submit MG2 with file.

d) Does the witness have any particular needs? Yes ☐ 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 Victim Personal Statement scheme (victims only) has been explained to me: Yes ☐ No ☐
- b) I have provided a Victim Personal Statement Yes ☐ No ☐
- c) I require my VPS to be read at court on my behalf / I wish to read VPS personally delete as appropriate
- d) I have been given the Victim Personal Statement leaflet Yes ☐ No ☐
- e) I have been given the leaflet "Giving a witness statement to the police – what happens next?" Yes ☐ No ☐
- f) 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 ☐
- g) I consent to my medical record in relation to this matter being disclosed to the defence: Yes ☐ No ☐ N/A ☐
- h) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA: Yes ☐ No ☐
- i) 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: ☐
- j) Your contact details may be disclosed to Victims First Northumbria if it is felt that you may benefit from their support, unless you prefer 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):  Station:

Time and place statement taken:

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