

**WITNESS STATEMENT****Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s.9**URN 

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Statement of: Shelagh McLove

Age if under 18: OVER 18

*(if over 18 insert 'over 18')*

Occupation: Full time mother

**Contact number: 07747 555 5555**

This statement (consisting of 2 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: Shelagh McLove (witness)

Date: 06/06/2020

I am writing this Victim Personal Statement (VPS) in relation to an assault on me by my partner Eoin McLove on the 1<sup>st</sup> June 2020.

This was one of several assaults Eoin has subjected me to. As a result of my relation with Eoin and the abuse he has subjected me to I have lost custody of my only child.

The incident on the 1<sup>st</sup> June 20 left me with swelling, a cut and headaches for the next few days.

I decided on the 4<sup>th</sup> June to attend the hospital as a result of this assault. The hospital as a result of my description decided to x-ray me. They found that I had a hairline fracture of my skull in the left temple area. They have asked me to attend a follow-up outpatients appointment in a few weeks time as it may be necessary for further treatment.

I do not want to see Eoin again and feel that he has an ongoing alcohol dependency that he refuses to address.

Signature: Shelagh McLove

Signature witnessed by: PC 1989 Thomas