

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

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Statement of: PC 2034 BLAYNEE

Age if under 18: OVER 18

(if over 18 insert 'over 18')

Occupation: Police officer

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: PC BLAYNEE (witness)

Date: 01/06/2020

I am a serving Police Officer in Anyshire Police force. On the 1st June I was on duty patrolling the North Marsh area.

At approximately 21:35 I received a call via the control room to attend an ongoing incident in the North Marsh area. I was informed that a red Nissan motor vehicle had left an address at Accacia Road and that the driver may be drunk.

I arrived quickly at the scene and at the top of Accacia road I saw a red Nissan car VRM YK12HOO at the junction of Accacia Road and Electric Avenue. I immediately activated my lights and pulled up behind the vehicle.

Inside the vehicle was one white male who I now know to be EOIN MCLOVE. On speaking to the occupant I formed the opinion that he was drunk. His eyes were glazed and his speech was slurred. He started to become aggressive and abusive towards me when I asked him to step out of the car. EOIN MCLOVE refused to provide a sample of breath for a roadside screening and as such I arrested him on suspicion of driving whilst over the proscribed limit so that an effective sample could be obtained at the Police station.

I was further informed via radio that EOIN MCLOVE was also wanted for an assault on Shelagh MCLOVE and as such I arrested EOIN MCLOVE for a s47 Assault Occasioning Actual Bodily harm, MCLOVE was informed that his arrest was necessary to conduct a prompt and effective investigation by way of interview and to prevent further injury to the victim. He was handcuffed compliantly to the front and he made no reply to caution.

EOIN MCLOVE was conveyed to North Marsh Police station. He was asked to provide an evidential sample on the Intoxylser machine. He provided two samples and the lower reading of the samples was 112MG of alcohol in 35 MI of breath.

I left the Police station and EOIN MCLOVE remained in custody pending a decision from the CPS.

Signature: PC BLAYNEE.

Signature witnessed by; na

Witness contact details

URN

Name of witness: Shelagh McLove

Home Address:

Postcode:

E-mail address:

Mobile:

Home Telephone Number:

Work Telephone Number:

Preferred means of contact *(specify details for vulnerable/intimidated victims and witnesses only)*:

Gender:

Date and place of birth:

Former name:

Ethnicity Code (16 + 1):

DATES OF WITNESS NON-AVAILABILITY:**Witness care**

- 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? *(youth under 18; witness with mental disorder, learning or physical disability; or witness in fear of giving evidence or witness is the complainant in a sexual offence case)* If 'Yes' submit **MG2** with file in anticipated not guilty, contested or indictable only cases.
- 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)

- 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..." 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, or other proceedings if applicable, e.g. child care proceedings, CICA Yes ☐ No ☐ N/A ☐
- g) **Child witness cases only.** I have had the provision regarding reporting restrictions explained to me. Yes ☐ No ☐ N/A ☐
- I would like CPS to apply for reporting restrictions on my behalf. Yes ☐ No ☐ N/A ☐

'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'.

Signature of witness:

PRINT NAME:

Signature of parent/guardian/appropriate adult:

PRINT NAME:

Address and telephone number (of parent etc.), if different from above:

RESTRICTED (when complete)

Statement taken by:

Station:

Time and place statement taken: