|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WITNESS STATEMENT  **Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s.9**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | URN | 45 | AA | 20098 | 20 |   Statement of: Lucy Doyle  Age if under 18: OVER 18 *(if over 18 insert ‘over 18’)*  Occupation: Full time mother |
| 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: Lucy Doyle (witness)  Date: 01/06/2020 |

I live at the address overleaf. I am writing this statement in relation to an incident involving my friend Shelagh McLove that happened earlier today.

I have lived next door to Shelagh for 7 years and we have become good friends. I would describe Shelagh as around 30 years old, about 5ft 8” tall and petite. Shelagh used to be an outgoing and confident person. That gradually changed after she met Eoin McLove.

Eoin I would describe as around 6ft 1” tall and is stocky in his build. Eoin moved into Shelagh’s house around 5 years ago and in that time he has hardly ever spoken to me, in fact I feel like he resents the fact that me and Shelagh are friends.

Over the last 5 years there have been numerous times I have seen Shelagh with injuries. Shelagh would refuse to tell me how they happened and every time I asked she would just cry. I asked if it was Eoin and Shelagh would sometimes nod but most of the time she would change the conversation. Things got worse when Shelagh had her child taken away and at that point she did tell me it was because Social Services didn’t think she could keep a child safe with Eoin around.

Earlier today, 1st June at around midday Shelagh messaged me on Telegram and told me Eoin had gone out and she was worried he would go drinking again. I went around to Shelagh’s house at around to Shelagh’s at around 2pm and we had a cup of tea. Shelagh looked upset but we decided to have a glass of wine together as my kids were with their father for the weekend. We ended up drinking 4 bottles of wine between us and shared a large bottle of Wkd Blue as well. I left at around 8:30pm. I felt very tipsy as I hadn’t eaten much. I did not see any injuries to Shelagh’s face before I left and I would have seen any as I was sat in close proximity.

Whilst at Shelagh’s we talked about how she was giving Eoin one last chance, as he had been released from prison on licence and had promised her he had addressed his drinking issues. Shelagh assures me Eoin is a nice man when sober. I only ever see Eoin when he has been drinking and he has never been friendly towards me.

I became aware of screaming and shouting at around 9:30pm. It hadn’t been that long since I returned home. I could hear Shelagh shouting at Eoin. I heard her shout ‘DON’T, STOP HITTING ME’. I decided not to call the Police as I knew Shelagh would not want me to be involved. The first time I was aware the Police had been called was when an Officer knocked on my door tonight.

I am willing to attend court if needed.

Signature: Lucy Doyle

Signature witnessed by: PC 1991 Rocastle

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | | | | | | | | |
| 1. The Victim Personal Statement scheme (victims only) has been explained to me | | | | | | Yes | | No |
| 1. I have been given the Victim Personal Statement leaflet | | | | | | Yes | | No |
| 1. I have been given the leaflet “Giving a witness statement to the police…” | | | | | | Yes | | No |
| 1. 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 |
| 1. I consent to my medical record in relation to this matter being disclosed to the defence | | | | Yes | | No | | N/A |
| 1. 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 |
| 1. **Child witness cases only.** I have had the provision regarding reporting restrictions explained to me.   I would like CPS to apply for reporting restrictions on my behalf. | | | | Yes  Yes | | No  No | | N/A  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: | | | | | | | | |
|  | | | | | | | | |
| Statement taken by: | Station: | | | | | | | |
| Time and place statement taken: |  | | | | | | | |