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**INITIAL POLICE STATION ATTENDANCE FORM**

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| Fee Earner: JP | Date: FRI 30/5/25 |
| UFN: | File Ref: |
| DSCC Ref: 250568983A | Station – KIDDERMINSTER |
| Custody Ref: N/A VOL IV |  |
| Client’s Attendance: [ ] Under Arrest [ X ] Voluntary  [ ] initially voluntary, arrested at station | |
| Initial Instructions from: [ ] DSCC [X ] Client [ ] Third Party  If third party, confirm details and relationship to client  TC FROM CLIENT – VOL IV ON FRI 30/5/25 AT KIDDI PS AT 2PM – JP WILL ATTEND | |
| Time agreed to attend station: 2PM | Time attended station:2PM |
| Time attended upon client: 150PM | Is this within 45 mins? [ ] Yes [ X ] NA |

**CUSTODY RECORD INFORMATION**

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| First Name: JESSICA | Title (please circle) MISS |
| Surname: DEAN  DOB: 11/2/2004  Gender: FEMALE | Address:-  FLAT 4  73 SEVERN ROAD  STOURPORT  DY13 9FB |
| Date and time of arrest: N/A | Relevant Time: N/A |
| Offence(s):  ABH | |
| Place of arrest: VOL IV | Officer in Charge: DC GEORGE MCMILLAN 21340 - REDDITCH |
| Does client require Appropriate Adult? [ X Yes [ ] No  If yes, state reason: [ ] Under 17 [ ] Vulnerable  Name/Address/Contact Number: DAD – JOHN DEAN - 07780905814  Relationship to Client: FATHER  INTERPRETER – NO | |
| Has sufficient benefit test to attend station been met? [ X ] Yes [ ] No  If no, state why…………………………………………….. | Is client eligible for CRM1 & 2 Advice and Assistance? [ X ] Yes [ ] No  If yes has client signed CRM2? [ ] Yes [ x ] No  If no – why not? No forms |
| DISCLOSURE CONSULTATION WITH OFFICER –  1400HRS WRITTEN DISCLOSURE FROM OIC  DISCOVERED ON 4/4/25 BY NURSERY THEN SEEN BY DAD WHEN COLLECTING  ONLY JESSICA TO INTERVIEW  MUM HAD ACCESS THE DAY BEFORE BUT WILL SEE WHATS SAID AS TO IF MUM NEEDS IV  DAD – JOHN DEAN – AA – JESS HAS AUTISM  LEFT THIGH – IMAGE  LINEAR BRUISE FROM BOTTOM DOWN  GRAZE – IMAGE – LEFT BACK OF UPPER KNEE AREA – DR SAYS CONSISTENT WITH ACCIDENT  WILL CONCENTRATE ON BRUISE ON THIGH  1409HRS ATTEND CLIENT AND DAD | |

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| Any significant comments made: [ ] Yes [X ] No  If yes, state details: | Samples from suspect?  Intimate? [ ] Yes [ X ] No  If yes, provide details………………………………..  ………………………………………………………….  Non intimate? [ ] Yes [ X ] No  If yes, provide details – prints, photo & dna  Any other samples including  footwear etc? [ ] Yes [ X ] No  If yes, provide details………………………………...  …………………………………………………………. |
| Previous Convictions? [ ] Yes [X ] No  If yes, state details | Search of premises? [ ] Yes [ X ] No  If yes, provide details including authority |
| Previous Interviews [ ] Yes [X ] No  If yes state details | Co-accused? [ ] Yes [ X ] No  If yes, details including Solicitors if know |
| Telephone Number(s):  07549332728 | National Insurance Number:  UNKNOWN |
| Income/Source  UNIVERSAL CREDIT | Is Identification an issue? [ ] Yes [ X ] No  If yes, advice given whether to consent to any ID procedure and consequences of refusing consent?  [ ] Yes [ X ] No |
| Health Problems [ X ] Yes [ ] No  AUTISM  ADHD  ODD  ALL DIAGNOSED AND MEDICATED | Was specific advice given as to whether to consent any personal searches and the consequences of refusing such consent?  [ ] Yes [ X] No |
| Client been advised on significant statement prior or at time of arrest? [ ] Yes [X ] No | Client been advised about police caution?  [ ] Yes [ ] No |
| Mistreatment by or complaint against police?  [ ] Yes [ X ] No  If yes, what action, if any, advised?  ……………………………………………………….  ……………………………………………………….  ……………………………………………………….  ………………………………………………………. | Any injuries? [ ] Yes [ X ] No  If yes provide description, how inflicted and whether documented with police.  ………………………………………………………….  ………………………………………………………….  ………………………………………………………….  …………………………………………………………. |
| Was specific advice given to client relating to adverse inference which could be drawn from:   * Failure to raise any fact whilst under caution or upon charge which may later be relied upon?   [ X ] Yes [ ] No [ ] N/A   * Failure to account for the purpose of an object/substance/mark found on client or in place of arrest?   [ X ] Yes [ ] No [ ] N/A   * Failure to account for the presence of client at the time of arrest in a material place at or about the time the offence was committed?   [ X ] Yes [ ] No [ ] N/A | |
| Defence witnesses or alibis [ ] Yes [ X] No  If yes, provide details | Is there any known conflict of interest at this stage? [ ] Yes [ X ] No  (If yes, explain why and action taken) |

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| CONSULTATION WITH CLIENT (include instructions, advice given and reasons for advice)  Have you received advice in relation to this matter in the last 6 months  ADVISED OF DISCLOSURE  SHOWS ME HER REPLY TO FAMILY PROCEEDINGS WHICH SETS IT ALL OUT – IN SHORT – UNAWARE OF BRUISE AND HOW CAUSED |

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| What is your advice to the client and provide reasons?  ADVISED PREPARED STATEMENT SIMILAR TO FAMILY PROCEEDINGS ACCOUNT AND THEN NO COMMENT |

**POLICE INTERVIEW**

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| Start / Finish Time: 1459hrs – 1529HRS | Satisfactory Introductions [ x] Yes [ ] No |
| Parties Present:  VOLUNTARY IV  DC GEORGE MCMILLAN  JESSICA DEAN  DAD – JON DEAN – AA  DOB – 22/8/71  JP – SOLICITOR | Satisfactory explanation  of caution [ x ] Yes [ ] No  Replies  [ ] Answered SOME Questions  [ ] No comment throughout  [ x ] Prepared statement/No comment  [ ] Mixed  Did you consider it necessary to intervene during the interview? [ ] Yes [x ] No |
| INTERVIEW SUMMARY  ALLEGATION OF ABH UPON HANNAH – CIRCS  JP READS PREPARED STATEMENT …..  JP STATES THAT HE HAS ADVISED CLIENT TO ANSWER NO COMMENT TO ALL Qs ASKED  Qs –   * UNDERSTAND OFFENCE * KNOW WHAT ABH IS – EXPLAINED * ANY ACTION THAT CAUSED IT * ANYTHING ON PURPOSE * ANYTHING ACCIDENTAL * PRIOR TO MUM CHANGING NAPPY – U AWARE OF ANY BRUISES * FIRST AWARE * SEEK MEDICAL ADVICE * TELL ANYONE ABOUT BRUISE * DR ONYON – UNEXPLAINED BUT SUSPECTS NON ACC INJURY – EXPLAINED * DONE ON PURPOSE * ANY INCIDENT THAT MAY HAVE CAUSED IT * ANYTHING AT HOME CAUSED IT * SHOWN BOTH PHOTOS – GKM 1 AND GKM 2 * IS THAT HANNAH IN PHOTO * L SHAPED BRUISE * HAVE U HIT HANNAH * HAVE U DROPPED HANNAH * HAS SHE FALLEN OVER AT ALL * ANY WAY IT COULD BE CAUSED * WHERE SHE AT NURSERY * DID NURSERY TELL U ABOUT ANY INJURIES * U INFORM THE NURSERY OF ANY BRUISING * GENERAL CARE OF CHILDREN * HOW MANY CHILDREN U HAVE * HANNAH – 2 – FULL NAME – HANNAH DEAN 2/9/22 * ELSIE – FULL NAME – ELSIE CARVER 29/11/24 * DID ELSIE AND H LIVE WITH U * WHATS HOME ADDRESS – FLAT 7… * U WORK * WHAT DO * ON MAT LEAVE * WHO SORTS CHILDRENS CARE * ANY SUPPORT * HOME – TALK TO ME ABOUT IT * LIVING ROOM KITCHEN AREA * KEEP HOUSE TIDY * LOADS OF TOYS FOR CHILDREN * WHERE H SIT IN LIVING ROOM * ANY SEATS OR BOUNCY DOOR THINGS * DAY TO DAY ACTIVITIES – WHERE ARE THE CHILDREN * REMAIN WITH U * SLEEPING * CHILD GATES * DESCRIBE THEM – HOW MANY * WHERE DO CHILDREN SLEEP – HOW MANY BEDROOMS – U SLEEP/H? ELSIE? * COT OR CRIB / BRAND/ HEIGHT FROM FLOOR – SHE EVER FALLEN OUT * ANY OCCASION THAT’S HAPPENED * EVER ANY OCCASION H OUT OF CRIB * DAY TO DAY – NORMAL DAY LOOK LIKE * WHAT TIME DOES H WAKE UP * NATURALLY OR U WAKE HER * ELSIE …. * DOES ELSIE CRY AND DISTURB H * MORNING ROUTINE * DAY TIME ACTIVITIES * TV, WALKS, PARK, WHAT PARK, ANY OTHER ACTIVITIES * ANYTHING CAUSE INJURY TO H * EVENING ROUTINE * USSUALLY U WHO DOES BATH ETC * EATING – TIMES? * SOLID FOODS * WHAT WOULD SHE EAT * WHAT MILK * HOW OFTEN BATHED H * ROUTINE * PRODUCTS USED * BEDTIME AND WHAT LOOK LIKE * PJs – DESCRIBE THEM – WHAT SORT AND MATERIAL * CLEAN PJs EVERY NIGHT * WHAT USE TO WASH * U WASH OR SOMEONE ELSE * MUM HAD HER OVERNIGHT ON THURS 3/4/25 – SHE MAKE YOU AWARE OF ANY BRUSING ETC * ANY PETS * MUM – PETS * APART FROM MUM – ANYONE ELSE CARE FOR HER * CHILD PROTECTION REPORT – NUMBER OF LITTLE SPOTS ETC – DR SAID ACCIDENTAL – L SHAPED ONE – NON ACCIDENTAL BUT CANT AGE IT * CONSIDER PREPARED STATEMENT – * H TAKING HERSELF TO BED – REGULAR * PANDA TEDDY – SOFT OR HARD – SLEEP WITH IT IN CRIB * TEEPEE – EXPLAIN IT- LARGE – STABLE * TEEPEE EVER FALLEN OVER * HOW BIG IS THE TEDDY * WHY WAS SOCIAL WORKER THERE * WHY WAS HEALTH VISITOR THERE – ROUTINE OR AS ELSIE SOO YOUNG * STRIPPED TO HER NAPPY – REGULAR OCCURRENCE * WHAT TIME THEY LEAVE * DO U DRIVE AT ALL * WHAT CAR SEAT USE * ANY INJURY IN CAR SEAT * ANYTHING TO CAUSE THAT BRUISE * H – HOW DESCRIBE HER – ACTIVE CHILD – BOYSTRUS / CLUMSY / REGULAR FALL OVER * CAN U RMEMEBER WHEN SPECIFICALLY IT WAS – BITE INCIDENT * INFORM CHILDREN SERVICES * ANY MEDICAL TREATMENT FOR IT * BREAK SKIN OR JUST A MARK   ANYTHING TO ADD – NC  ALL ANSWERED NC  1529HRS END IV  ATTEND OFFICER – LIKELY NFA – WILL GET SGTS DECISION AND LET ME KNOW ASAP  ATTEND CLIENT – ADVISED OF POLICE OPTIONS, BUT LIKELY NFA  1545HRS LEAVE PS | |

**OUTCOME**

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| [ X ] NFA – TC from oic with outcome – 4/6/25 |

**SUMMARY OF TIMES**

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| **FROM** | **TO** | **TRAVEL** | **WAITING** | **ATTENDANCE** | **BRIEF DETAILS** |
| 1320 | 1350 | X |  |  | FROM WR1 TO KPS |
| 1350 | 1545 |  |  | X | DISCLOSURE, CONSULT AND IV |
| 1545 | 1615 | X |  |  | FROM KPS TO WR1 |
|  |  |  |  |  |  |

Mileage – 28 MILES

Attendance – 2HRS – 20U

Travel – 60 MINS – 10U