

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 Ch Supt Nick Downing URN: [] [] [] []

Age if under 18 Over 18..... (if over 18 insert 'over 18') Occupation: Police Officer

This statement (consisting of: 2..... pages 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 anything in it which I know to be false, or do not believe to be true.

Signature: [Signature] Date: 12th October 2015.....

Tick if witness evidence is visually recorded [] (supply witness details on rear)

I am Chief Superintendent Nick Downing of Hillingdon Police, This statement is in support of an application being made on my behalf by Police Sergeant 86XH Nick Davies my Licensing Sergeant, to Hillingdon Licensing Authority for an expedited review of the premises licence for the RE Bar, 163 Field End Road, Eastcote, HA5 1QL. (Premises Licence No: LBHIL 476/05).

The RE Bar is a small licensed premises which is situated in a busy shopping area with residential dwellings above the premises. On Sunday 11th October 2015 at about 1.08am there was an incident of serious crime at this venue where a young male customer was attacked with what is thought to be a knife whilst inside the premises. Due to the extent of this male's injuries the emergency services were unable to save his life and he died at the premises.

I have considered the following options:

Premises Closure Notice/Order S76 Anti-Social Behaviour, Crime & Policing Act 2014

At this moment it time, the premises is still a crime scene, and so remains closed to the public. A Closure Notice would serve no useful purpose. In addition to this, the premises does not have a history of violence nor ASB, and so I believe an application for a Closure Order at Magistrates Court would not be the correct action in this situation, and unlikely to be successful.

Licence Review S51 Licensing Act 2003

Due to the seriousness of the situation, I do not believe the timescales for this type of review are appropriate.

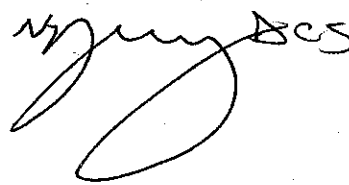
Signature: [Signature] Signature witnessed by:

Continuation of Statement of ~~To Be added~~ CH SUPT DOWNING

Expedited Review S53a of the Licensing Act 2003

I believe this is a proportionate response to this incident and necessary in order to imposed enforceable interim licensing conditions on this venue prior to a full hearing. I believe that this also meets the public's expectations of swift action following such a serious incident.

For the above reasons I am applying for an Expedited Review.



Signature: Nigel Desjardins Signature witnessed by:

Witness contact details

Home address: HILLINGDON POLICE STATION

1 WARMICK PLACE, UXBROOK Postcode: UB8 1P9

Home telephone number Work telephone number

Mobile/pager number Email address:

Preferred means of contact:

Male / Female (delete as applicable) Date and place of birth:

Former name: Ethnicity Code (16+1): Religion/belief:

Dates of witness non-availability

Witness care

- a) Is the witness willing and likely to attend court? **No.** If 'No', include reason(s) on MG6.
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? **No.** If 'Yes' submit MG2 with file.
- d) Does the witness have any specific care needs? **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 criminal justice process and 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 police — what happens next?' 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 proceedings e.g. child care proceedings, CICA Yes No
- g) The information recorded above will be disclosed to the Witness Service so they can offer help and support, unless you ask them 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:

