APPENDIX B Statement Number One

| | | TITNESS STAT | | | | |
|---|--|--|---|---|--|--|
| Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s. 9 | | | | | | |
| Statement of | | | URN: | | | |
| Age if under 18 | Over 18 | (if over 18 insert 'over 18') | Occupation: | Immigration | o Officer | |
| make it knowing th | | pages each signed by me) i evidence, I shall be liable t re to be true. | | | | |
| Signature: | | | Da | te: 15/11/ | 2021 | |
| I am an Immigratior | n Officer based at the | | . Or | Saturday 23/1 | 0/2021 I was on duty | |
| dressed in uniform v | when I went to Noble I | House Restaurant, 43 O | sborne Road, | Portsmouth F | PO5 3LS as part of a | |
| Immigration Enforc | ement visit. Our team a | arrived at the premises at a | pprox. 20.40 | | | |
| The Officer in Char | ge of the visit was mys | elf. Also present, | , | , | , , | |
| started shouting at u purpose of our visit aggression and host me and my colleagu accessed via a doory foreign language an identify myself to C how much trouble I comment regarding At one-point CHOI felt that we were ille | as as we entered that we and our power of entry ility towards us. He atte tes through the busy reso way in the far right han d shortly after I learned HOI as the Officer in C was going to be in, sta his lawyer who was go got out his mobile pho egally present on his pr | he kitchen on entry. A mal e could not come in. I tried y but Mr CHOI was beside empted to block staurant, shouting and hara d corner of a dining area. O d that the staff were not eng Charge and serve the Notice ting that he had powerful f bing to take me to court. I a ne and started videoing our remises. There were three k | to explain that himself with ra as he made h nguing us as w CHOI then star gaging with ou e to Occupier t riends at Ports lso observed h r Collar number | we were immi age and could n his way to the k re moved to the ted shouting at r telephone inte o him. CHOI m mouth City Cou im mocking my rs. I invited CH s present and wa | gration Officers, the ot hear me such was h itchen and he followed kitchen which was his kitchen staff in a rpreters. I continued to hade various threats ab uncil and also making to colleague, IOI to call the Police in aiting staff who were | |
| present in the United his customers that th begin to calm himse forty minutes after o | d Kingdom and had no nere would be no food elf and I instructed | ly Home Office checks rev permission to work in the that evening as his chefs w to conduct an illegal omers had all begun to leav Over an hour went by before | UK. At this po ere all under a working interv /e. Officers beg | int I asked Mr (rrest. Only at th iew with CHOI gan conducting | is time did Mr CHOI . It was by now around Interviews with my te | |
| present in the United his customers that the begin to calm himse forty minutes after of but still refused to g | d Kingdom and had no here would be no food off and I instructed our arrival and the custo ive a place of abode. O | permission to work in the that evening as his chefs w to conduct an illegal omers had all begun to leav | UK. At this po ere all under a working interv ve. Officers beg e CHOI admitt | int I asked Mr o rrest. Only at th iew with CHOI gan conducting ed that they all | is time did Mr CHOI . It was by now around Interviews with my te lived in a flat above th | |

Signature:

Signature witnessed by:

.....

.....

OFFICIAL SENSITIVE - (when completed)

Continuation of Statement of

of

Signature:

..... Signature witnessed by:

.....

OFFICIAL SENSITIVE - (when completed)

Continuation of Statement of

of

Signature: 10/2017

..... Signature witnessed by:

.....

| OFFICIAL SENSITIVE - WHEN COMPLETE | | | MG11 | | | | |
|---|---------------------------------------|----------------|-------------|--|--|--|--|
| Witness contact details | | | | | | | |
| Name of witness: | | | | | | | |
| Home address: | | | | | | | |
| Email address: Mobile: | | | | | | | |
| Home telephone number: | er: | | | | | | |
| Preferred means of contact (specify details for vulnerable/intimidated witnesses only): | | | | | | | |
| Gender: Date and place of birth: | | | | | | | |
| Former name: Ethnicity Code (16 + 1): | Former name: Ethnicity Code (16 + 1): | | | | | | |
| DATES OF WITNESS NON-AVAILABILITY | | | | | | | |
| Witness care | | | | | | | |
| a) Is the witness willing to attend court? Yes No If 'No', include reaso | on(s) on form | n 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) | | | | | | | |
| Yes No If 'Yes', submit MG2 with file in anticipated not guilty, conte | ested or indi | ctable onl | y cases. | | | | |
| d) Does the witness have any particular needs? Yes No If 'Yes', wh childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns | | ? (Disability, | healthcare, | | | | |
| 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 Home Office" | "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 if applicable, e.g. child care proceedings, CICA | | 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 the CPS to apply for reporting restrictions on my behalf. 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. | Yes 🗌 | No 🗌 | N/A 🗌 | | | | |
| Signature of witness: PRINT NAME: | | | | | | | |
| Signature of parent/guardian/appropriate adult: P | | E: | | | | | |
| Address and telephone number if different from above: | | | | | | | |
| Statement taken by (print name): | | | | | | | |

Time and place statement taken:

