APPENDIX B Statement Number Two

		WITNESS STATEME					
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') Occupat	ion: I	Immigratio	n Officer		
make it knowing t	onsisting of:2 hat, if it is tendered i e false, or do not beli	pages each signed by me) is true to n evidence, I shall be liable to prosec eve to be true.	the best of ution if I	of my know have wilful	vledge and beli ly stated anyth	ef and I ing in it	
Signature:	-						
_			Date:	24/10/	2021		
Tick if witness evid	ence is visually recor	ded (supply witness details of	on rear)				
ha	ave been employe	d as an Arrest Trained Immigr	ation Off	icer since	e May 2006,	by the	
	urrently serve with				d Enforceme	÷	
	-						
On the evening of	of Saturday 23 rd C)ctober 2021. I was on duty in t	iull unifo	rm.			
		October 2021, I was on duty in t	full unifo		Enforceme	ot I	
When with Office	ers of the			and	I Enforceme	nt I	
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When with Office attended Noble I I entered the pre	ers of the House, 43 Osborr House, 43 Osborr	ne Road, Portsmouth Hampshi ately 20:40		and	I Enforceme	nt I	
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10/2017 MG 11

Continuation of Statement of

initially at the sink. I had my warrant card in my right hand and had just shown it to the staff stating loud enough to be heard 'Immigration Officer'

I turned sideways to completely enter the kitchen. A hand came from my left gripping my right wrist, this was Mr CHOI who now shouted 'You cannot speak to them. No one must speak to them they have no right say nothing. You cannot be here' I rotated my right wrist so my palm was now upwards, I extended my left hand engaging Mr CHOI's right upper arm sufficient to break his grip 1 stated 'Let go do not grab me again'

Officer In Charge was at this point able to gain Mr CHOI's attention

I began trying to engage with the staff. The male waiter stated he was unsure what he should do because the Boss didn't want anyone speaking to us. I explained we were Immigration Officers and were using a power of entry under the licensing act.

There followed several minutes where the Kitchen staff would not engage with us through telephone interpreters.

Mr CHOI returned to the kitchen several times insisting he should interpret for the staff as in his view the telephone interpreters were not up to the task. He continued to engage directly with the staff in a language I believe to be

Once we had ascertained the identities of the kitchen workers, we were able to verify that none had permission to live or work in the United Kingdom.

Signature:

10/2017

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OFFICIAL SENSITIVE - WHEN COMPL	ETED		MG11						
Witness contact details URN :									
Name of witness:									
Home address:									
Email address: Mobile:	,		•••••						
Home telephone number:									
Preferred means of contact (specify details for vulnerable/intimidated witnesses only):									
Gender: Date and place of birth: Manchester									
Former name: Ethnicity Code (16 + 1):									
DATES OF WITNESS <u>NON-AVAILABILITY</u> :	*********								
Witness care									
a) Is the witness willing to attend court? Yes 🛛 No 🗌 If 'No', include re	eason(s) on for	m 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, c	ontested or ind	ictable on	ly cases.						
d) Does the witness have any particular needs? Yes No X 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 Victim Personal Statement scheme (victims only) has been explained to r	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 th defence: 	e Yes 🗌	No 🗌	N/A 🛛						
 f) I consent to the statement being disclosed for the purposes of civil proceedir if applicable, e.g. child care proceedings, CICA 	ngs 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 the CPS to apply for reporting restrictions on my behalf. I understand that the information recorded above will be passed on to the Witne	Yes 🗌	No 🗌	N/A 📋						
Service, which offers help and support to witnesses pre-trial and at court.	755								
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: 0330 24/1921									
Time and place statement taken:									
10/2017 OFFICIAL SENSITIVE – WHEN COMPLETED									