

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 PS Matthew JONES URN:

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Age if under 18 OVER 18 (if over 18 insert 'over 18') Occupation: Police Sergeant P240813

This statement (consisting of: **1**..... 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: [REDACTED] Date: 13/05/2024 1300

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

My name is Matthew Jones, and I am the Police Sergeant in charge of the 'Figges Marsh' Ward in Mitcham, London Borough of Merton. I have been requested by my licensing colleagues to provide evidence opposing the application for an alcohol license at Robert Fruit & Veg, located at 2 Upper Green East.

Alcohol-related anti-social behaviour in Mitcham town centre is a significant concern raised by residents and business owners on a daily basis. My officers regularly receive reports from the community regarding street drinkers and individuals with substance misuse problems drinking in public, causing disturbances and being a nuisance. If you visit Mitcham at any time, you will witness several people sitting on the walls around Mitcham Fair Green, consuming alcohol. These individuals have been the cause of numerous incidents of anti-social behaviour. They obtain their alcohol from licensed establishments within Mitcham town centre, and after consuming it, they often engage in disruptive behaviour such as playing loud music, having BBQs, littering, using foul language, urinating in public, using drugs in public, and exhibiting abusive and intimidating behaviour. To address these issues, the police have issued 11 Community Protection Warnings, 10 Community Protection Notices, and 24 anti-social behaviour warnings in Mitcham town centre. These problems are exacerbated by the high number of off-licenses already present in the area. We have an ongoing operation called Operation Hambling that dedicates resources to tackling and disrupting individuals involved in anti-social behaviour, which incurs significant financial costs for the police.

It is important to note that in close proximity to 2 Upper Green East, there is a rehabilitation facility/hostel that accommodates vulnerable individuals struggling with substance misuse. The application for the alcohol license at Robert Fruit & Veg is next to this facility.

As the officer responsible for this area, it is my duty to provide my professional opinion on the application. I also oppose the application for licenses at Robert Fruit & Veg, 2 Upper Green East. I believe it would contribute to further instances of anti-social behaviour and alcohol-related disorder. [REDACTED]

Signature: Signature witnessed by:

Witness contact details

Home address:
..... Postcode:
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? Yes / 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? Yes / No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care needs? Yes / 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): **PC 760LX p240813 JONES** Station: **BRIXTON**.....

Time and place statement taken: