



**VERA BAIRD**<sup>QC</sup>  
POLICE & CRIME COMMISSIONER



**NORTHUMBRIA  
POLICE**  
*Proud to Protect*

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# Retail Crime Evidential Pack

Time, Day, Date of Incident

Incident Number

Crime Number

Full Name of Person  
Completing Pack

Organisation



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## Guidance

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### Rules for Written Statements

#### ALWAYS:

- Be accurate and truthful in what you saw and you heard
- Include relevant information
- Always use black ink
- Write in a chronological sequence
- Should be legible and neat
- Use plain, simple English
- Use block capitals for names/places
- Include the collar number and name of the Police Officer
- Sign the statement under the printed caption at the foot of each page, and underneath, or by the side of the final word.
- Always line out mistakes with a single line and initial (no tippex)
- Leave no gaps and continue writing to the end of the line.

#### NEVER:

- Include your opinion
- Use jargon or abbreviations
- Write too much
- Use tippex or correction fluids

### MG 11 Witness Statement

On the reverse side of the printed front page, several pieces of information are asked for. You only need to complete the following:

- Occupation
- Dates to be avoided
- Contact point (Area Office/Store Number)
- Contact telephone number (Area Office/Store Number)

Under no circumstances should you give your home address or telephone number on the front and main body of this form. However, there is capacity for this information to be recorded on the back of the form, in case the CPS or Police need to contact yourself.

Should you encounter a problem in respect of this rule, you should ask the Officer involved to contact the Area office/Head office.



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**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: ..... URN

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

This statement (consisting of ..... page(s) 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 in it, anything which I know to be false, or do not believe to be true.

Signature: ..... Date .....

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

I am currently employed by ..... at (full store address) .....

Working as a ..... I have held this position for ..... years.

There are ..... till points which are positioned within the store. Customers are expected to enter the store, browse and select items they wish to buy. The customer is then expected to pay for these goods at the till points before leaving the store with their purchases.

I have authority to say that no person has any right to remove any items from the store without offering payment. As a store we will support any police action deemed necessary and compensation is claimed for the value of the goods stolen.

**(Witnessed offence)**

At ..... hrs, on ..... I was working in the store when my attention was drawn to a person / persons in the store because .....

.....  
.....

The store is covered by CCTV system which is serviced by (state number of cameras) ..... cameras and recorded onto a hard drive.

**(Witnessed on CCTV)**

As a result of .....

I checked the CCTV at ..... Hrs, on ..... and witnessed .....

.....  
.....

I would describe the person / persons as follows : (Ethnicity/Age/Sex/Hair/Build/Height/Complexion/Distinctive Features/Clothing)

Male / Female I (name if known) .....

.....  
.....

Signature: ..... Signature witnessed by: .....

Witness contact details

Home address: ..... Postcode: .....

Home telephone No: ..... Work telephone No: .....

Mobile/Pager No: ..... E-mail address: .....

Preferred means of contact (specify details): .....

Best time of contact (specify details): .....

Male  Female  Date and place of birth: .....

Former name: ..... Ethnicity Code (I6 + I) ..... Religion / Belief (Specify ..... )

DATES OF WITNESS NON-AVAILABILITY: .....

Witness care

- a) Is the witness willing to attend court? Yes  No  If 'No', include reason(s) on form 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 particular 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 Victim Personal Statement scheme (victims only) has been explained to me: Yes  No 
b) I have provided a Victim Personal Statement Yes  No 
c) I require my VPS to be read at court on my behalf / I wish to read VPS personally delete as appropriate
d) I have been given the Victim Personal Statement leaflet Yes  No 
e) I have been given the leaflet "Giving a witness statement to the police - what happens next?" Yes  No 
f) 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 
g) I consent to my medical record in relation to this matter being disclosed to the defence: Yes  No  N/A 
h) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA: Yes  No 
i) The information recorded above will be disclosed to the Witness Service so that 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: .....



Continuation of Statement of: .....

The incident lasted for (time) .....

At closest offender (1) was ..... (distance) from me.

At closest offender (2) was ..... (distance) from me.

At closest offender (3) was ..... (distance) from me.

Visibility was (describe quality of lighting) .....

There were the following obstructions / no obstructions between us (describe if obstructions)

.....  
.....  
.....

I know / I do not know the person(s) described (If known, state how/why?)

.....  
.....  
.....

I would  /would not  recognise this person again.

The total value of the property stolen is .....

These items were as follows:-

Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )
Property .....	Value .....	(recovered <input type="checkbox"/> /not recovered <input type="checkbox"/> )

I have authority to say that no person has any right to remove any items from the store without offering payment. As a store we will support any police action deemed necessary and compensation is claimed for the value of the goods stolen.

I have been advised with regards to making a Business Impact Statement, at this time I wish / do no wish to make a statement.

I wish / do not wish to read this statement out in court if I was required to attend.

Signature: ..... Signature witnessed by: .....



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Signature: ..... Date .....

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

I am an employee of .....

At ..... hrs, on ..... I caused a copy of CCTV footage to be burned to disc as per a request made by the police, the footage was from an incident on ..... at approximately ..... Hrs.

This involved (E.g.Theft of Meat/Alcohol)

.....  
.....  
.....

I identify this by the exhibit label attached bearing my exhibit reference No. (Initials) ..... This is signed by me.

**(If Applicable)**

At ..... Hrs, on ..... I handed this exhibit to .....

.....

Signature: ..... Signature witnessed by: .....

Witness contact details

Home address: ..... Postcode: .....

Home telephone No: ..... Work telephone No: .....

Mobile/Pager No: ..... E-mail address: .....

Preferred means of contact (specify details): .....

Best time of contact (specify details): .....

Male  Female  Date and place of birth: .....

Former name: ..... Ethnicity Code (I6 + I) ..... Religion / Belief (Specify ..... )

DATES OF WITNESS NON-AVAILABILITY: .....

Witness care

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i) The information recorded above will be disclosed to the Witness Service so that 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: .....



**COMPENSATION CLAIM**

<b>For Police Use</b>	
R v	URN: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Offence:	Date of offence:

**COMPENSATION FORM: NOTES FOR GUIDANCE**

If you have any queries regarding completion of this form, contact .....

The offence for which proceedings have been instituted may give rise to the question of compensation. The relevant sections of pages 2-4 of this form should be completed clearly in **BLOCK CAPITALS** and returned to the police in the freepost envelope provided.

It is very important that this form is completed as soon as possible. If sent to you by post it must be returned within 14 days. Failure to return this form on time may lead to the case proceeding without an application for compensation being made on your behalf. If you do find that you require extra time, please contact the case clerk to see if an extension is possible.

**COMPLETE ONLY THE SECTIONS WHICH APPLY TO YOU. THIS FORM MUST BE SIGNED AND DATED ON PAGE 3.**

**PLEASE NOTE: the magistrate or judge will decide whether or not to order compensation. We have no authority over this decision.**

**Personal injury claims can also be pursued via the Criminal Injuries Compensation Authority - please refer to the enclosed victim of crime leaflet for details.**

**A. Property stolen (and not recovered) or damaged**

*(N.B. in the case of road traffic collisions, please complete section D)*

Relates to property stolen or damaged that has not been recovered by police. This section does not apply to damage caused in a road traffic collision - please use Section D.

It is important that you provide documentary evidence to support your claim. This means that copies of receipts, estimates or bills should be provided wherever possible. Property recovered by police but not yet returned to you (due to it being used in evidence) should not be claimed for, as this will be restored upon completion of the court case.

*Costs of replacement or repair (including VAT).*

<p><b>Description of item(s):</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Amount:</b></p>
---	-----------------------

**B. Other financial loss**

Relates to other expenses. For example:

- Loss of earnings - if you had to take unpaid time off work due to injuries sustained
- Taxi fares - due to being without your car as a result of a traffic collision / criminal damage
- Travelling expenses - incurred by having to visit hospital / specialists as a result of injuries sustained.

*Details of other financial loss or expenses incurred as a result of the offence:*

It is important that you provide documentary evidence to support your claim. This means copies of receipts, estimates or bills should be provided wherever possible.

**Description of item(s):**

**Amount:**

.....

.....

.....

.....

.....

**Total:**

**C. Personal injury** *(Also include injury sustained as a result of a road traffic collision)*

Relates to injuries sustained as the result of an assault or traffic collision. It is important that you also fill in page 4 of this form, as we will need to obtain medical evidence on your behalf. Please continue on a separate page if the space provided is not sufficient. In serious injury cases, where you may suffer long-term effects, please keep the case clerk informed of your condition as the case progresses.

The police cannot obtain medical evidence on your behalf unless you have authorised us to do so. You **MUST** complete and sign a form giving us authority to ask for details of your medical condition to be disclosed. We can then contact the hospital, your GP or dentist and ask them to provide a statement detailing your injuries and treatment. The police officer in charge may have already asked you to complete a form. If not, please contact the case clerk as soon as possible.

**Nature of injuries:**

.....

.....

.....

**Details of medical treatment received** *(please also complete)*

.....

.....

.....

**Have you fully recovered? Yes  No  If 'No', describe continuing ill effects:**

.....

.....



**Personal details of claimant**

Name:.....

Address:.....

.....

Home telephone:..... Business:.....

E-mail address:.....

**Details of doctor/dentist (personal injury cases ONLY)**

**1. Did you attend Accident and Emergency as a result of your injuries?** Yes  No  If 'Yes', please confirm:

Hospital:.....

Date of attendance:.....

Doctor's name if known:.....

**2. Were you referred to a specialist / other department?** Yes  No  If 'Yes', please confirm:

Hospital:.....

Date(s) of re-attendance(s):.....

Doctor / dentist's name if known or department:.....

**3. Have you seen your GP / dentist in relation to these injuries?** Yes  No  If 'Yes', please confirm:

GP / dentist's name:.....

Surgery address:.....

.....

Date of attendance(s):.....

# IMPACT STATEMENT FOR BUSINESS

**Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates; Courts Act 1980, s. 5B**

The Impact Statement for Business (ISB) gives you the opportunity to set out the impact that a crime has had on the business such as direct financial loss, and wider impacts, e.g. operational disruption or reputational damage. The court will take the statement into account when determining sentence.

In this statement you should not provide an opinion or recommendation on the sentence or sanctions that the court should use. This is for the court to decide. You should limit the information you give in this statement to the impact this particular crime has had on the business, rather than providing information on how any previous criminal activity may have affected the business (unless, for example, this crime results from the repeat offending of the same offender).

The business should consider carefully who to nominate as the representative to make the statement on its behalf. Once you have completed this form, you should return it by email or by post to your police contact.

A person making an ISB on behalf of a corporation (“the nominated representative”) must be authorised to do so on its behalf. The nominated representative must also be in a position to give evidence that is admissible in court about the impact of the crime on the business. The nominated representative may be required to answer questions on the ISB in court.

You should be aware that if you choose not to make a statement at the outset of the proceedings, you may not have another opportunity to make one later on. This is because the case may be dealt with by the courts very quickly.

In more complex cases which may take longer to be dealt with by the courts, you may wish to take more time to collect relevant information, for example, accounts or other business documents. The police will be in touch to let you know the date of the first hearing date and at that stage, you will need to make or update your ISB through your nominated representative.

**Name of Business Affected** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Contact name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Crime Number** \_\_\_\_\_

**Police Officer Attending** \_\_\_\_\_

## 1. Financial Impact

Please check this box if the business suffered no financial losses as a result of this crime.

### 1.1 Direct financial losses

These could include but are not limited to:

- Assets lost or stolen
- Damage to buildings and property

Please explain how your business has suffered a direct financial loss as a result of the crime.

## **1.2 Other, indirect financial costs**

**These could include but are not limited to:**

- **Loss of custom**
- **Impact on consumer confidence**
- **Staff time**
- **Expenditure on security measures (e.g. physical infrastructure, IT)**
- **Medical expenses**
- **Costs of contractual staff**

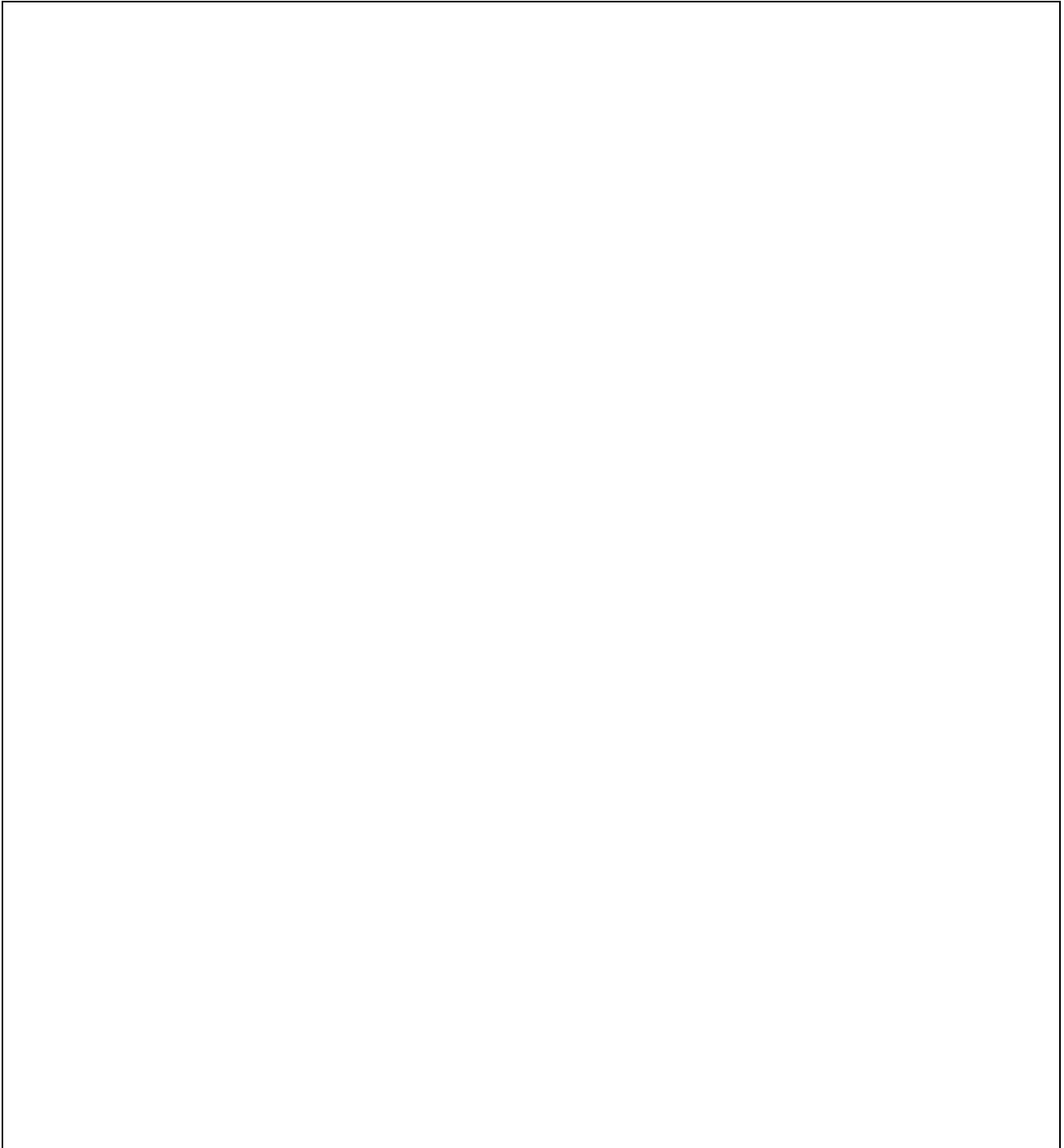
**Please explain how your business has suffered an indirect financial loss as a result of the crime.**

## **2. Non-Financial Impact**

**Please explain how the incident has had a non-financial impact on your business.**

**This could include:**

- **Reputational damage**
- **Physical injuries sustained by staff or customers**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed explanation of the non-financial impact of the incident on their business.



### **3. Other comments**

**Please use this space to set out any further comments you wish to make about the impact of the crime on your business.**

**4. Do you intend to seek compensation as a result of the crime?**

**Yes/ No**

**Declaration**

The statement (consisting of \_\_\_\_ page(s) 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 which I know to be false, or do not believe to be true.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Annex : Case study**

Kevin is the Managing Director of a medium-sized food retailer in Nottingham city centre. At 8pm on a Saturday night, a group of five males entered the store, assaulted two members of staff and stole £210 from the cash register. They also damaged £30 worth of stock, broke two windows, damaged a CCTV camera and assaulted two members of staff. These members of staff decided to make Victim Personal Statements to explain how the crime affected them in addition to the ISB form that Kevin decided to complete.

When completing the ISB form online, Kevin decided to include the following information to explain how the crime had affected the business:

### **Direct financial losses**

- £210 stolen from the cash register;
- £30 worth of stock damaged;
- Damage to buildings and property;
- £200 to replace the windows which is being claimed back on insurance;

Documentation was provided where possible to verify the financial losses.

### **Other indirect financial costs**

- Two members of staff, Ahmed and Sally, suffered injuries which caused them both to miss two weeks of work. This cost the business in additional outlay on Statutory Sick Pay and to recruit a temporary replacement.
- The shop was closed for two days whilst the clean-up occurred and the windows were replaced. This caused additional financial loss in two days of trading when the average daily turnover of the business is £2,500 per day. This also hit consumer confidence and the average turnover fell sharply for two weeks after the incident.
- Additional expenditure was also required on a new CCTV camera which was damaged in the incident.

### **Non-financial impacts**

- The temporary closure of the store hit consumer confidence and potentially has had a long-term negative impact on the reputation of the business.
- Two customers reported receiving minor physical injuries in the incident. These customers have not returned since the incident.



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## Checklist & Contact Details (To be retained by Store)

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- Has an Incident & Crime Number been obtained from the Police?   
Incident Number  
Crime Number
  
- Has the WITNESS Statement been completed along with a copy of the till receipt?
  
- Has the CCTV been completed & Exhibited in the CCTV Statement?   
Officer Collecting Package  
Date  
Time