# WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

**Statement of (your name)** .......................................................................................

**Age if under 18** ................................................. **(if over 18 insert ‘over 18’)**

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 in it anything which I know to be false or do not believe to be true.

Dated the ........................... day of ...............................................................................

Signature: .....................................................................................................................

I wish to supply the following information concerning the driving of a motor vehicle as follows:

\*Delete as appropriate

I am employed by **\***Kent County Council/Medway Unitary Authority as a School Crossing Patrol Officer. At ………. hours on……………., I was performing my duties at ………………… ………………………………………………(Road), ……………………………….(town) in the County of Kent. I was in full high visibility uniform as provided by the local authority and was in possession of a reflective portable prescribed sign of the type approved and commonly referred to as a school crossing “lollipop sign”.

I was carrying out my duties outside of …………………………………………………… school in order to assist children and other pedestrians principally making their way to and from school. I entered the road and held the sign erect thereby requiring approaching vehicles to stop. I noticed a vehicle which I would describe as ………………………………(Make) …………………………………….(Model), Registration number ……………………………… travelling towards…………………………………... The vehicle was driven by a **\***male/female driver.

**\***The vehicle did not stop before reaching the place where person(s) were seeking to cross or were already crossing

**OR**

**\***The vehicle did stop. But set off again whilst the prescribed sign was being displayed.

So as to impede/prevent a person(s) crossing.

Signature: .........................................................................

**State in your own words exactly what happened:**

Signature: ...........................................................

**Describe:**

1) The weather conditions, eg fine, bright, sunny, cloudy, raining, snowing etc.

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2) The road conditions, eg dry, wet, greasy, icy, snow-covered etc.

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3) Traffic was very heavy / heavy / medium / light / very light (delete as appropriate)

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4) The visibility, eg clear daylight, fog, dusk, dark etc.

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If dark, state whether there was good, poor or no street lighting.

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5) Were person(s) seeking to cross or crossing Eg, Adult, Children, how many etc.

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6) Describe the vehicle involved, eg colour, make, model etc.

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7) Did you make a note of the registration mark of the vehicle involved?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | (tick as appropriate) |  |

If YES write the registration mark here: .....................................................................

Who has the note now? ............................................................................................

If you have it, confirm that you will be able to keep it safely and produce it at court if necessary.

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

8) Was there any conversation between you and the driver involved?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | (tick as appropriate) |  |

If Yes give exact words used if possible:

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Description of Driver......................................................................................................

Signature: .........................................................................

|  |  |  |
| --- | --- | --- |
| **Please provide the full names and addresses of any other persons who you believe may have witnessed the incident** | | |
| 1. | 2. | 3. |

1. Will you attend court as a prosecution witness if necessary?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | (tick as appropriate) |

1. On what dates during the next 12 months, as far as you can say, would you **not** be

available to attend court? (eg holidays).

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

1. Where and at what time of day would it be convenient for us to interview you, if necessary?

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

**Your Details**

Surname: .................................................... Address: .....................................................

First Name(s): ................................................... .....................................................

Date of Birth: ................................................... .....................................................

Telephone No: ................................................... (day) ....................................... (evening)

Signature: .........................................................................

**Thank you for your assistance, we will contact you in due course when a decision has been made in relation to further action being taken.**