

SECTION FIVE

Carl Dodgson

From: Scott James
Sent: 12 August 2022 04:14
To: Jennifer Mellor
Cc: Philip Upton; Steven Markham; Becky Taylor
Subject: Lexx Jerkz

Jen,

Have a look at [REDACTED]-120822. Minor altercation at the door of Lexx this morning. Council CCTV have tracked male going to car on Goodall Street and placing item back in there, then coming back onto Bridge Street. Male detained and subjected to S1 PACE. Vehicle key recovered, Vehicle Searched and knife and cannabis found in vehicle.

Patrons of Lexx have been very hostile towards us as normal 😞

CCTV and Body worn upladed.

PIC in custody [REDACTED].

Possession of a bladed article - [REDACTED]

Possession of class B - [REDACTED]

Appears the PIC is the [REDACTED]

For awareness for officers working NTE this weekend.

Regards

Sgt 20749 Scott James | Force Response Supervisor Bloxwich Team B

West Midlands Police
T: 101 (ext. 889 3052) M: 07387 098 529

WITNESS STATEMENT

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

Crime No. N/A

URN N/A

Statement of Jennifer Mellor

Age if under 18 over 18 (if over 18 insert "over 18")

Occupation Walsall Licensing & Regulatory Service
Officer, West midlands Police

This statement (consisting of 1 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: (witness)

Date 19th October 2022

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

I am Jennifer Mellor 60384, Walsall Licensing and Regulatory Services Officer currently stationed at Walsall Police Station.

On Monday 18th October I was finalising the supporting evidence relating to the licesning hearing for Lexx Jerkz Bar and Grill. On researching police systems for any relevant information held I as alerted to the following information.

Offences: Speeding - exceed 30 miles per hour on restricted road - automatic camera device - On or In 03/09/2021

Fail to give information relating to the identification of the driver / rider of a vehicle when required - On or In 06/10/2021

On speaking with our Traffice Investigation Unit, Melanie Jordan fail to supply police with the information requested. These offences resulted in the courts issuing a £660 fine and costs. This is further evidence Melanie Jordan is not prepared to work with police.

Signature Signature witnessed by

03/2016

OFFICIAL – (when complete)

Witness contact details

URN : / / /

Name of witness: Mr/Mrs/Ms/Miss/Dr

Former name

***Email address:**

***Email address needed for correspondence i.e. support material to be sent**

Address Postcode:

Preferred telephone number: Alternate telephone number:

Agreed means of contact and frequency :

Gender Date and place of birth Ethnicity Code (16+1)

DATES OF WITNESS NON-AVAILABILITY: (12 months)

Witness care

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. ALSO crimes involving gun and knife crimes and victims of Modern Slavery Act 2015*)

Yes No If 'Yes', submit **MG2** with file in NGAP, contested or indictable only cases OR to read VPS in GAP cases.

Witness Consent (for witness completion)

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a) I am aware that I may have to attend court. | Yes <input type="checkbox"/> | | |
| b) I have been given the Victims' leaflet with the crime number on . | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c) The Victim Personal Statement scheme (victims only) has been offered to me. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d) It has been explained to me what will happen next with this investigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e) I consent to police having access to my medical record(s) in relation to this matter (<i>obtained in accordance with local practice</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA, CLPD. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g) Child witness cases only. I have had the provision regarding reporting restrictions explained to me. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| I would like the CPS to apply for reporting restrictions on my behalf. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

- *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.*
- *I understand that my details may be passed to other agencies who can offer me help and support in relation to being a victim of this crime.*

I give my informed and explicit consent for my personal details to be passed to other agencies that can support me or are involved in the criminal justice process. Yes No

Signature..... Date

Parent/guardian signature..... Date

Address

Contact tel no

Supporter signature..... Date

Statement taken by (*print name*): Station:

Time and place statement taken:

Signature Signature witnessed by