

Tick box

DNFPA UACR <input type="checkbox"/> 10 to 17 yrs <input type="checkbox"/>	REPRIMAND <input type="checkbox"/> Offender aged 10 to 17 yrs	FINAL WARNING <input type="checkbox"/> Offender aged 10 to 17 yrs	*CHARGED/RFS <input checked="" type="checkbox"/> *Court/RFS date: 1/11/05
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LAC/Dept: C - Wollaton C&C No: n/a CRIME No(s): DPA
 Division: City West - Wollaton Custody Record Ref: DPA Arrest Date: 1/11/05

PART 1

Surname of Offender (BLOCK CAPITALS): Child *Alias Surname:
 Forename(s) of Offender (BLOCK CAPITALS): Child PNCID No: DPA
 *Home Address/Local Authority Address: 23 VIVIAN AVENUE
 SHERWOOD RISE NOTT^m Post code: NG5 1AF
 Date/Place of birth: DPA/88 DPA *Male/Female Height: DPA Visual desc (6+1) IC Self def desc (16+1) Not stated
 School/Last School attended: Non Attender or Employment:
 *Name of Parent/Guardian: Not^m Social Services Contact Telephone No.: DPA
 Others involved (Full names, inc. DOB and how dealt with)

Offence(s):

Date(s) 01/5/05	Time(s) 00 01	Title(s) Indecent Assault
Date(s) 31/5/05	Time(s) 23:39	Title(s)

Brief circumstances including location/premises name (where known) + other factors to consider. (Submit C3 if appropriate, to detail further offences)

child walking with yellow resident of childrens home. tried to touch her between legs and put hands onto breast over her clothing

*Value of property stolen/damaged: *Recovered: All Part File URN: DPA

Necessary requirements for non charge disposal (Tick correct box to confirm)

	YES	NO	Victim/Offender Relationship <input type="checkbox"/>
1. Offence(s) admitted in PACE interview. (not UACR)	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drugs Involved <input type="checkbox"/> Alcohol <input type="checkbox"/> Glue <input type="checkbox"/> Alcohol AND Drugs <input type="checkbox"/> Drugs <input type="checkbox"/> Other Intox. Subst. <input type="checkbox"/> Best evidence interview (video) <input type="checkbox"/> Photographed <input type="checkbox"/> F/Print
2. Evidence would be sufficient to support a charge (See Crime Manual).	<input type="checkbox"/>	<input type="checkbox"/>	
3. Offender served with notification of requirement to register with Police (Sex Offenders only).	<input type="checkbox"/>	<input type="checkbox"/>	
4. Check made with PNCID by me with negative result.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Complainant agrees to case being dealt with by way of a Reprimand / Final Warning.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Identity and address of offender checked and found correct.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Appropriate Adult Service used.	<input type="checkbox"/>	<input type="checkbox"/>	
8. *Racist/Homophobic incident.	<input type="checkbox"/>	<input type="checkbox"/>	
9. *Racist/Homophobic incident.	<input type="checkbox"/>	<input type="checkbox"/>	

Restorative Justice (Tick correct box to confirm)

	YES	NO
1. Offender has agreed to participate, or has participated in, a Restorative Justice Conference (Where required)	<input type="checkbox"/>	<input type="checkbox"/>
2. Victim present during R.J. process.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of OIC: **DPA** Print Surname: HAROLD Rank: PC No: 1255

PART II I, Inspector..... have verified the above facts and authorised a
 *DNFPA / Reprimand / Final Warning
 Date:..... Signature:.....

PART III I voluntarily agree to a Police *Reprimand / Final Warning of which a record will be kept. I understand that a Reprimand/Final Warning (i) may influence a decision to prosecute should I offend again and (ii) may be cited if I should subsequently be found guilty of an offence by a Court.

DNFPA I am satisfied/have been informed the police are satisfied* that the above named is, and will be recorded as being, responsible for the above offence(s)
 *Delete as appropriate Signature of *Parent/Guardian.....

PART IV At..... am/pm. on..... I *Reprimanded/ Finally Warned the above named (*in the presence of a Parent or Guardian) for the offence(s) outlined, and served them with the appropriate notification form.
 Signature:..... Print Surname:..... Rank:..... No:.....

*For Charges / RFS - Complete Part I only. This form is insufficient for DNFPA. Must be accompanied by file in order to mark off.
 Blue Sheet - Crime Man. Unit Pink Sheet - HQ(AJ) White Sheet - Police Youth Justice Office Yellow Sheet - Youth Offending Team copy

FORM C1a

INITIAL SCENE INVESTIGATION

ENQUIRIES MADE - PLEASE DETAIL

Crime No:

DPA

Referral made from social services - minimum details known at this stage. Strategy meeting to be held on 13/6/05 at the unit where further information will be shared. Where the offence occurred and the M.O. are not known.

This case is not a CAIU case it will be dealt with by section - DI Roberts / DCI Clemenson have been sent the referral **DPA**

Dc ISS BARNFATHER will not be the investigating officer.

SOCO ATTENDING - IF NO STATE REASON:

House to House - Detail House Nos. and occupants (or leaflet left):

Victim care <input type="radio"/> Victim Leaflet Supplied <input type="radio"/> Photograph of Victim <input type="radio"/> Medical Examination	CCTV Is CCTV available? Yes <input type="radio"/> No <input type="radio"/> If Yes has this been checked? Yes <input type="radio"/> No <input type="radio"/> (If No ensure an Officer is allocated to view) If Yes has evidence been gained? Yes <input type="radio"/> No <input type="radio"/>	Any subsequent enquiries must be updated by working sheet
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CID Informed? Yes - State Name of CID Officer:

SUSPECT

Recognisable/Details known? Yes No Detection anticipated? Yes No
 Circulated? Yes No Photo viewing required? Yes No (If Yes ensure it is arranged and the result updated)
 Statement Required? Yes No Statement Taken? Yes No

Have all enquiries been completed? Yes No

If Yes state collar no. of supervisor who will review the crime and authorise filing

If No State what further actions are required below:

Officer Submitting Surname

B A R N F A T H E R

Collar No.

I S S

F54130502/CSUK

11503

Date 09 / 06 / 2005

