

Continuation of statement of **AN-A10**

In 2012, Bishop Peter's identical twin brother, the former Bishop of Truro, Michael Ball, said "As far as we [he and Bishop Peter] are concerned, there is nothing to investigate."

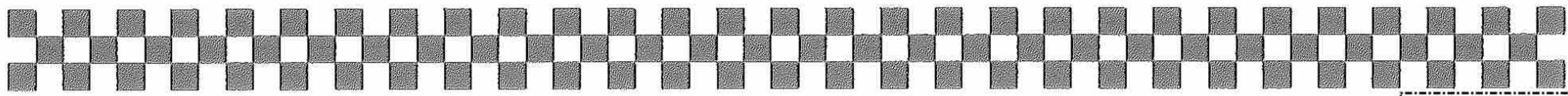
Bishop Peter's minimisations and denials of wrongdoing, reinforced over many decades by some of the most senior bishops in the Church of England (who didn't want to investigate or accept unwanted truths about Bishop Peter's offences) have been aggravating factors for me, making it difficult for me to find closure."

Signature

DPA

Signature witnessed by: _____

PTO



DPA

RESTRICTED - FOR POLICE AND PROSECUTION ONLY
(when complete)

Witness contact details

Home address: DPA Postcode: DPA
 Home telephone no: DPA Work telephone no:
 Mobile/Pager no: E-mail address: DPA
 Preferred means of contact (specify details): Email or mobile
 Best time to contact (specify details):
 Male Date and place of birth: DPA 1960
 Former name: Ethnicity code DPA Religion / Belief :

Dates of witness non-availability:

Witness care

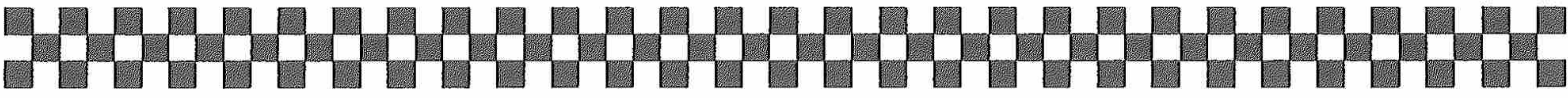
- a) Is the witness willing and likely to attend court? Yes No If 'No', include reason(s) on form MG6
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness?
Yes No If 'Yes' submit MG2 with file.
- d) Does the witness have any particular needs? Yes No If 'Yes', what are they?
(Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concern?)

Witness consent (for witness completion)

- a) The 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 the 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 if applicable, e.g. child care proceedings, CICA Yes No
- 9) 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: DPA PRINT NAME: AN-A10
 Signature of parent/guardian/appropriate adult: PRINT NAME:
 Address and telephone number if different from above:

Statement taken by: (print name) DC Gemma NICKOLS DN135 Station: Uckfield
 Time and place statement taken: 0900 17/09/2015



DPA