



independent

Phone: 0161 246 8504 or 0300 020 0096

IPCC – Referral Form

Force Name/ Logo

Please fill in as much of this form as possible and e-mail it to us immediately. We need this information to assess the complexity of the case and the appropriate level of investigation needed. If information is not available at this stage of the investigation, please send us further details within five working days or provide reasons for the delay.

A Force Name: Warwickshire and West Mercia		Contact Details: [REDACTED]
1. What was the date the matter came to the attention of the appropriate authority: 18/12/16		
1a. Referral date	19/12/16	
2. Referral time (24-hour clock)	14.40 hrs	
3. Initial contact name	[REDACTED]	
4. Role or job title	DI (PSD)	
5. Station address	Stratford Police Station, Rother Street, Warwickshire. CV37 6RD	
6. Phone number	[REDACTED]	
7. Fax number	[REDACTED]	
8. E-mail address	[REDACTED]	

B General Details		
1. Force or authority reference number MI/1026/16		
2. IPCC reference number		
3. If there has been a delay in the referral, please give the reasons for the delay. N/A		
4. Origin of referral (tick one box only)		
Complaint	Recordable conduct matter	Death or serious injury <input checked="" type="checkbox"/>
5. Nature of referral		
Mandatory <input checked="" type="checkbox"/>	Voluntary <input type="checkbox"/>	Called in by IPCC <input type="checkbox"/>
6. If voluntary please state reason for referral to IPCC. N/A		
6a If voluntary, is this a direction and control matter? Y/N		
If you have answered YES to the above question, have you sought permission from the IPCC? Y/N:		

7. Is the complainant (tick one box only):

the subject of the conduct ☐ adversely affected by the conduct
 a witness to the alleged conduct ☐ acting on their behalf ☐
 does not apply (conduct matter) X

C Details of the complainant/subject/ deceased**1. First name or names:** Liam Scott (Deceased)**2. Last Name:** THOMSON**3. Address (including postcode):****4. Date of birth:** 08/09/1993

5. Gender: Male X Female Transgender Male ☐ Transgender Female ☐
 Other ☐ Unknown ☐

6. Ethnic origin (select one only):

White - English/Welsh/Scottish/Northern Irish/British X
 White – Irish ☐
 White – Gypsy, Traveller or Irish Traveller ☐
 White – Any other White background ☐
 Mixed/Multiple ethnic groups - White and Black Caribbean ☐
 Mixed/Multiple ethnic groups - White and Black African ☐
 Mixed/Multiple ethnic groups - White and Asian ☐
 Mixed/Multiple ethnic groups – Any other Mixed/Multiple ethnic background ☐
 Asian/Asian British – Indian X
 Asian/Asian British – Pakistani ☐
 Asian/Asian British - Bangladeshi ☐
 Asian/Asian British - Chinese ☐
 Asian/Asian British – Any other Asian background ☐
 Black/African/Caribbean/Black British – African ☐
 Black/African/Caribbean/Black British – Caribbean ☐
 Black/African/Caribbean/Black British – Any other Black/African/Caribbean background ☐
 Other ethnic group - Arab ☐
 Other ethnic group – Any other ethnic group ☐
 Not stated ☐

7. Sexual Orientation (select one only):

Heterosexual or Straight Gay or Lesbian ☐ Bisexual ☐
 Other ☐ Please specify
 Prefer not to say ☐ Unknown X

8. Religion and Belief (select one only):

No religion ☐ Christian ☐ Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
 Any other religion ☐ Prefer not to say ☐ Unknown X

9. Name and address of any other injured parties (if this applies)

10. Details of all other relevant parties, for example, next of kin, coroner, solicitor, FLM.
N/K

D Details of officers/staff concerned					
Officer(s) / staff member(s) involved including location and rank (if known)	Gender (see section C7 for definitions)	Ethnic origin (see section C6 for definitions)	Sexual Orientation (see section C7 for definitions)	Religion and Belief (see section C8 for definitions)	Have notices of investigation been served? If 'Yes', please provide copies.
[REDACTED]			N/K	N/K	No
			N/K	N/K	No

E Details of the Complaint, Recordable Conduct Matter or Incident	
1. Date of the alleged incident	17/12/2016.
2. Time of the alleged incident	23.25 hrs
3. Date the complaint was made (if this applies)	N/A
4. Address where the incident took place	Outside SAS Training Ground, Pontrillas, Hereford. HR2 OJA.

F Description of the Complaint, Recordable Conduct Matter or Incident
<p>1. Description of the complaint, recordable conduct matter or incident</p> <p>Please include FULL details, including actions, outcomes, injuries and medical assistance.</p> <p>At approximately 23.25 hrs on 17/12/16, two West Mercia Police Officers were involved in a short pursuit at Pontrillas, Hereford. The Subject vehicle was a VW Golf [REDACTED]. Two occupants were in the vehicle (Mr. Liam Thomson (23yrs) [REDACTED]). As a result of the pursuit the VW made contact with some fencing at the side of the road and flipped over onto its roof. The pursuing police vehicle collided with the VW. As a result of the collision Mr. Thomson was declared dead at the scene. [REDACTED]</p> <p>[REDACTED] Referred to the IPCC out of hours [REDACTED] MOI is declared as Independent by IPCC. IPCC called out and the OIC was identified as [REDACTED]. All available and relevant documentation / evidence collected by [REDACTED] at the time of the incident.</p>

2. Nature and number of allegations: - Death after Police Contact**3. What evidence is available?** (please send with this form if possible)

Custody report ☐ Coroner's report ☐ CCTV ☐ Complaint form ☐
 Forensic evidence ☐ Officer's notes ☐ Other (give details below) ☐ None ☐
 Medical evidence ☐ Other evidence: please give details: -

4. Number of police witnesses: -**Number of independent witnesses: - Nil****G Nature of Complaint, Recordable Matter or Incident****1. Relevant factors** (tick all that apply)

Death X Call Handling ☐ Corruption /perjury ☐
 Discrimination ☐ Road traffic incident X Domestic violence/gender abuse ☐
 Near miss in custody ☐ Public order ☐ Civil/neighbour hood dispute ☐
 Article 3 ECHR ☐ None of these

2. Are any of the following relevant to the incident or allegation? (tick all that apply)

Ethnic Origin ☐ Disability ☐ Religion & Belief ☐ Gender ☐ Sexual Orientation ☐ Age ☐
 None of these

*If 'Yes', please describe.***3. Are drugs or alcohol relevant?** (tick all that apply)

Drugs ☐ Alcohol ☐ No known drug or alcohol use X
 If 'Yes', please describe.

4. Is mental health relevant? (tick all that apply)

Held under the Mental Health Act sections 135 and 136 ☐ Other evidence of a mental-health issue ☐
 No known mental-health issue X

*If mental health is relevant, please give details:***H Details of the Relevant Contact** (include role, names, addresses, phone numbers, e-mail)

1. Investigator or other main contact: DI [REDACTED] PSD, Stratford Upon Avon. [REDACTED]
 [REDACTED]

I Other Information**1. Details of the press or public interest**

Nil to date.

J Sub Judge Considerations**1. Are there any charges preferred or likely to be preferred against the complainant or other parties?**

Yes ☐

No X

If 'Yes', please provide details and the next court date.