

Bilking – Making Off Without Payment

The Brighton & Hove Taxi Trade has worked with the council and Sussex Police on Bilking where a passenger has deliberately intended to defraud the taxi driver with no intention to pay for the cab fare.

Please note that there is a difference between intentionally making off without payment and a dispute about the cost of a fare.

If you have been Bilked then you must take the time to report this to the police. This allows for the police to build up a record of repeat offenders and to make it possible to prosecute.

You may be asked to provide CCTV evidence although we are aware that this may cause inconvenience to you. However we must all make an effort to ensure that those who are intent of defrauding taxi drivers must be stopped.

Although we have the council controlled CCTV in place this is not very convenient in quickly providing the evidence required and there may also be a fee for this. Therefore it is recommended that a dual lens dash cam is also used for your own benefit. An example of this can be found at: bhtaxinews.cab/dashcam

Please note that you must obtain your own data controller licence to ensure that you fully comply with data protection. This costs £40 and can be obtained via the Information Commissioner at: ico.org.uk/for-organisations/data-protection-fee

There is a witness statement that you need to fill in and provide to Sussex Police at the police station in John Street Brighton.

January 19 2021

bhtaxinews.cab/downloads/bilking-police-report.pdf

RESTRICTED (when complete)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B: Criminal Procedure Rules 2005, Rule 27.1

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|--|--|--|--|

*Statement of:

Age if under 18: Over 18 (if over 18 insert 'over 18') *Occupation:

This statement (consisting of 2 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 anything in it, which I know to be false or do not believe to be true.

*Signature:

*Date

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

On (Day) (Date) (Year)....., I was working as a Brighton & Hove licensed taxi / private hire driver in a licensed vehicle which is a Make..... Model..... Colour..... Index.....

I am self-employed/working under (company).....

The job was a pre-booked fare The job was a street hail

At (Time) **am/pm*** I picked up a fare from (Location)

The passenger was alone/with (number) other persons.

They got in the **front passenger / rear passenger seat*** and asked to be taken to (Location)

We arrived at the requested destination at (Time).....am/pm, on (Date).....

The fare for the journey on the meter showed as £.....:

Tick what happened:

A: I asked the passenger(s) for payment. The passenger(s) then said:
.....and then **refused to pay / ran off***.

B: The passenger/s made off without saying anything and I last saw them heading towards

I did not give anyone the permission to fail to pay for the taxi journey and I did not accept any contract or other methods of payment before, during or after the journey. **I do / do not know the details of the passengers / I know them as***

.....

I can describe the main fare / passenger as (provide description, gender (if appropriate), age, height, etc)

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

The other fare / passenger(s), I can describe as:

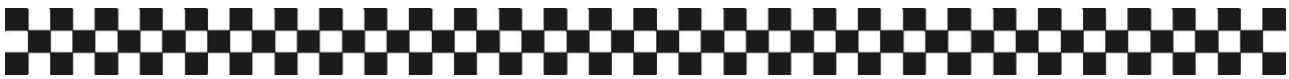
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The victim personal statement scheme has been explained to me and I am **happy / not happy** * that this is read out in court. I can say that this incident has affected me in the following way (explain how this incident has affected you emotionally, financially, etc)

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

This statement was made by me on (Date).....at (Time).....**am/pm***.
(*delete / sign as appropriate)

.....



RESTRICTED - FOR POLICE AND PROSECUTION ONLY
(when complete)

Witness contact details

Home address: _____ Postcode: _____
 Home telephone no: _____ Work telephone no: _____
 Mobile/Pager no: _____ E-mail address: _____
 Preferred means of contact (*specify details*): _____
 Best time to contact (*specify details*): _____
 Male / Female _____ Date and place of birth: _____
 Former name: _____ Ethnicity code (16 + 1): _____ 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: _____ PRINT NAME: _____
 Signature of parent/guardian/appropriate adult: _____ PRINT NAME: _____
 Address and telephone number if different from above: _____

Statement taken by: (print name) Self Station: N/A
 Time and place statement taken: _____





Sussex Police
Serving Sussex

www.sussex.police.uk

Brighton & Hove Licensing Unit

Bilking Pack Checklist

Driver Name –

Address –

Telephone –

E-mail –

Taxi Details (VRM/Licence Number) –

Date & Time of Offence –

Reported to police at time – Yes / No *(delete as appropriate)

Location of CCTV -
(Where to send
Request for copy)

Stills available – Yes/No *(Delete as appropriate)

Proforma Statement Completed – Yes / No *(Delete as appropriate)

Witness Contact details sheet completed – Yes / No *(Delete as appropriate)