

STATEMENT
Oakland Police Department

536-200-1 (6/93)

Page ___ of ___

2. Report No.

1. Complainant		Offense/Crime 602.1 (a) P.C.			
3. Name of Person Giving Statement		Sex/Race/DOB	<input type="checkbox"/> Complainant	<input type="checkbox"/> Suspect	<input type="checkbox"/> Driver
			<input type="checkbox"/> Reporting Person	<input type="checkbox"/> Witness	
4. Residence Address		City/Zip	Phone		
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient					
6. Statement Taken By		Serial No.	Date	Time Started - Completed	
7. Location Where Statement Taken		Names, Addresses of Persons Present During Statement			

FOR VEHICLE COLLISIONS ONLY

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address		City/Zip		Residence/Business Phone		

ADMONITION: You have the right to remain silent. Anything you say can be used against you in a court of law. You have the right to talk to a lawyer and have him present with you while you are being questioned. If you cannot afford a lawyer, one will be appointed to represent you before any questioning if you wish one.

Subject's Initials

WAIVER: Do you understand each of these rights I have explained to you? _____
Having these rights in mind, do you wish to talk to us now? _____

Statement

I, _____, am the OWNER/AGENT of the business located _____, in Oakland, CA.

at _____

No one has permission to loiter, prowl, or wander on my property without visible or lawful business with me, my agent, or my employees. Any person who intentionally interferes with any lawful business, or the occupation of my business, by obstructing or intimidating those attempting to carry on business, or my customers and refuses to leave after being asked to do so by myself, my employees or a peace officer should be arrested.

I am aware that trespassers linger without lawful purpose on the property to possibly commit crimes as the opportunity arises. I request that the Oakland Police Department arrest anyone found in violation of this statement. (602.1 (a) P.C.)

In addition to my efforts, I also request the Oakland Police Department to seize and prevent drug related activities on my property.

****THIS STATEMENT IS ONLY VALID FOR 6 MONTHS FROM DATE SIGNED****

Signature of Person Giving Statement	Date
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STATEMENT CONTINUATION
Oakland Police Department

536-200-2 (6/93)

Page ___ of ___

2. Report No.

1. Complainant	Offense/Crime	
3. Name of Person Giving Statement	Sex/Race/DOB	<input type="checkbox"/> Complainant <input type="checkbox"/> Suspect <input type="checkbox"/> Driver <input type="checkbox"/> Reporting Person <input type="checkbox"/> Witness

Statement (Cont.)

Signature of Person Giving Statement	Date
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