



Litter Enforcement Unit

MUNICIPAL SERVICE CENTER • 750 – 50TH AVENUE • OAKLAND, CALIFORNIA 94601

(510) 434-5117
FAX: (510) 434-5128
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WITNESS STATEMENT FORM

STOP!! IF YOU DID NOT SEE IT HAPPEN CALL 510-615-5566 TO REPORT ILLEGAL DUMPING

1. Name of Person Giving Statement		<input type="radio"/> Complainant	<input type="radio"/> Suspect
		<input type="radio"/> Reporting Person	<input type="radio"/> Witness
2. Residence Address	City, Zip Code	Phone Number	
3. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Info if Unemployed or Transient			
4. Statement Taken By:	Serial No:	Date	Time Started - Completed
5. Location Where Statement Taken		Name, Address of Persons Present During Statement	
6. Suspect Vehicle License #	State	Veh. Yr.	Make
			Model
			Type
			Color(s)
EXAMPLE: 1ABC234 CA 1979 CHEVY Lum PICK UP WHITE			
7. Location of Illegal Dumping		Date and Time of Occurrence	
EXAMPLE: 1234 Main Street. Oakland behind the warehouse. March 13, 2009 - 10pm			
8. Description of Suspect(s):	Gender	Ethnicity	Hair Color
			Height
			Weight

STATEMENT

EXAMPLE: *On Friday, March 13, 2009 at about 10pm, I saw a white Toyota truck with a dent on the driver's side door, license plate number 1ABC234; dump a couch, stove, several black garbage bags, drywall and cement at or near 1234 Main Street.*

Signature of Person Giving Statement:

Date: