

WITNESS STATEMENT

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

Statement of: **Rukan Taki**Age if under 18: **Over 18**

(if over 18 insert 'over 18')

Occupation:

**Community Safety
Accredited Officer**

This statement (consisting of 4 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: **Rukan Taki**Date: **17/06/2024**Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

I am a Community Safety Accredited Scheme Officer, and my number is 6258. I am employed by BOURNEMOUTH CHRISTCHURCH and POOLE COUNCIL and my role is in partnership with DORSET POLICE. I AM currently based at BOURNEMOUTH POLICE STATION, MADEIRA ROAD, BOURNEMOUTH.

My role is to deter Anti-Social Behaviour and deal with community issues whilst conducting pro-active patrols and deal with any reports from members of the public. I patrol in full council issued uniform with a Community Safety Scheme Accredited badge prominently displayed, alongside a BOURNEMOUTH BOROUGH COUNCIL logo on my left shoulder. I identify myself to members of the public with my name and Council collar number in BOURNEMOUTH town centre.

On a daily basis I deal with people begging, rough sleepers and anti-social behaviour linked to alcohol and drug use in my designated area. I am tasked by DORSET POLICE, and work alongside multi agencies to tackle long term community issues. On a regular basis I meet with the ANTI-SOCIAL BEHAVIOUR OFFICER for BOURNEMOUTH CHRISTCHURCH and POOLE COUNCIL and discuss the ongoing cases affecting the area in which I patrol. During these meetings I am updated with the progression of cases, however I also provide evidence which I have gathered, on a daily basis, when dealing first hand with offenders.

I have been asked to provide evidence regarding WESTOVER ROAD, on behalf of BOURNEMOUTH CSAS team. As a team we have dealt with 31 incidents on this road from

Signature:

Signature witnessed by:

Continuation of Statement of: **Rukan Taki**

JANUARY 2024. These include TWELVE BEGGING incidents, FIVE 5 Anti-social behaviour incidents, 5 drug/alcohol incidents and THREE rough sleeping incidents.

This evidence only concludes incidents CSAS as a team alone have attended and dealt with since JANUARY 2024.

Signature: **Rukan Taki**

Signature witnessed by:

Witness Contact DetailsHome Address: **Maderia Road, Bournemouth. BH1 1QQ**Postcode: **BH1 1QQ**

Home Telephone Number:

Work Telephone Number

Mobile / Pager Number:

E-mail Address:

Rukan.taki@dorset.pnn.police.ukPreferred means of contact (*specify details*):Best time of contact (*specify details*):Male / Female **Female**

Date and Place of Birth:

Former Name: **N/A**

Ethnicity Code (16+1):

Religion / Belief (*specify*):**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) Is the witness vulnerable or intimidated? ~~Yes~~ / No.
- d) If 'Yes', does the witness require 'special measures'? Yes / No.
If 'Yes', submit **MG2** with file.
- e) Does the witness have any particular needs? ~~Yes~~ / No. If 'Yes', what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)

- a) The Victim Personal Statement scheme (victims only) has been explained to me: Yes ☐ No ☐ N/A ☒
- b) I have been given the Victim Personal Statement leaflet (victims only): Yes ☐ No ☐ N/A ☒
- c) I have been given the leaflet "Giving a witness statement to the police – what happens next?": Yes ☐ No ☐ N/A ☒
- d) I consent to the 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 the medical record(s) 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 ☐ N/A ☒
- g) 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: ☐
- h) I have been given a compensation form (MG19): Yes ☐ No ☐ N/A ☒

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*): **Rukan Taki**Station: **Bournemouth police station, Madeira Road**Time and place statement Taken: **Bournemouth police station Madeira Road. 17/06/2024 13:01**

