MAITLAND POLICE DEPARTMENT

Offense #

WITNESS STATEMENT FORM

Fill out in detail.

Statement of: _____ VICTIM _____ WITNESS _____ SUSPECT _____ DEFENDANT _____ OTHER (SPECIFY _____)

NAME: _____ RACE: _____ SEX: _____ D.O.B. _____

HOME ADDRESS: _____ ZIP: _____ PHONE: _____

BUSINESS ADDRESS: _____ ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

STATEMENT LOCATION: _____ DATE: _____ TIME: _____ AM/PM

INCIDENT LOCATION: _____ DATE: _____ TIME: _____ AM/PM

I, _____ , DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OR BENEFIT OR FAVOR BY ANY PERSON WHOMSOEVER:

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SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS:
_____ DAY OF _____, 20 _____

I SWEAR THE ABOVE STATEMENT IS CORRECT AND TRUE:

SIGNATURE _____

____ Notary Public ____ Law Enforcement Officer
____ Personally Known ____ Produced ID

I WISH TO PRESS CHARGES AND WILL TESTIFY: ____ YES ____ NO

MIRANDA WARNING READ: ____ YES ____ NO

WHITE COPY (ORIGINAL) STATE ATTORNEY
YELLOW COPY MPD RECORDS
PINK COPY OTHER

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