

VICTIM / WITNESS STATEMENT

DATE: _____ TIME: _____ LOCATION: _____

I DECLARE THE FOLLOWING STATEMENT IS GIVEN VOLUNTARILY, OF MY OWN FREE WILL AND ACCORD, WITHOUT THREAT OR COERCION, AND THAT THE FACTS CONTAINED HEREIN ARE TRUE AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: X _____

PRINTED NAME: _____ DL #: _____ BIRTH DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ CELLULAR: _____ INCIDENT #: _____

PLACE OF EMPLOYMENT/SCHOOL: _____ EMPLOYMENT / SCHOOL TELEPHONE #: _____

OFFICER: _____ BADGE NO: _____ PAGE: ____ OF ____