

HANDWRITTEN WITNESS STATEMENT

VICTIMS NAME _____ CASE # _____

YOUR NAME _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

HOME ADDRESS _____ CITY, STATE _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

BUS. ADDRESS _____ BUS PHONE _____

NAME / ADDRESS OF RELATIVE _____

DATE / TIME OCCURRED _____ LOCATION _____

NAME OF SUSPECT (IF KNOWN) _____

DESCRIPTION OF SUSPECT (MALE/FEMALE, RACE, HEIGHT, WEIGHT, COMPLEXION CLOTHING ETC.)

STATEMENT OF WITNESSED EVENTS

IN YOUR OWN WORDS, WRITE OUT IN DETAIL EXACTLY WHAT HAPPENED: _____

SIGNATURE OF PERSON MAKING REPORT

*****RETURN TO THE POLICE BUILDING WITHIN TEN (10) DAYS OF EVENT DATE*****

OFFICER _____

USE REVERSE SIDE IF NECESSARY