

**HANDWRITTEN WITNESS STATEMENT**

VICTIM'S NAME \_\_\_\_\_ CASE # \_\_\_\_\_

YOUR NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY,STATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PH # \_\_\_\_\_

NAME/ADDRESS OF RELATIVE \_\_\_\_\_

DATE/TIME OCCURRED \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME OF SUSPECT (IF KNOWN) \_\_\_\_\_

ADDRESS OF SUSPECT (IF KNOWN) \_\_\_\_\_

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

**STATEMENT OF WITNESSED EVENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

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

OFFICER \_\_\_\_\_

**USE REVERSE SIDE IF NECESSARY**

WITNESS STATEMENT CONTINUED

CASE # \_\_\_\_\_

\_\_\_\_\_  
signature