

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***
or email to: pd.records@beaumonttexas.gov**

OFFICER _____

USE REVERSE SIDE IF NECESSARY

WITNESS STATEMENT CONTINUED

pd.records@beaumonttexas.gov

CASE # _____

signature