



# FILER POLICE DEPARTMENT



## Witness/Victim Statement

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (If different from street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 HomePhone #: \_\_\_\_\_ WorkPhone #: \_\_\_\_\_ CellPhone #: \_\_\_\_\_  
 Date and Time of Incident: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page #: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Page # \_\_\_\_\_