



CENTERVILLE POLICE DEPARTMENT
WITNESS STATEMENT

Case number:

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Gender: _____ Male _____ Female _____
Race: Asian Black American-Indian White Hispanic Pacific Islander
Driver License Number: _____ Driver License State: _____
Address: _____ Unit #: _____
City: _____ State: _____ Zip: _____
Date of incident: _____ Time of incident: _____ AM _____ PM
Type of Incident: _____
Email address: _____
Home Phone: _____ Cell Phone: _____
Other Phone: _____ Work Phone: _____
Employer: _____ Occupation _____
School: (Juveniles only) _____ Grade: _____

Please describe in detail what happened, what you saw, and/or what you heard:

Please print this form and have it ready for the officer. You must sign this in the presence of the officer taking report.

You do solemnly swear that the evidence you shall give in this matter shall be the truth, the whole truth and nothing but the truth and may be presented to a magistrate or a judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make that you do not believe to be true may subject you to criminal punishment as a class "A" misdemeanor.

THE ABOVE STATEMENTS WERE MADE BY ME OF MY OWN FREE WILL.

SIGNATURE: _____ DATE: _____

WITNESS (Officer): _____ DATE: _____

WITNESS STATEMENT CONTINUATION

Pg. of

Case #

THE ABOVE STATEMENTS WERE MADE BY ME OF MY OWN FREE WILL.

SIGNATURE: _____ DATE: _____

WITNESS (Officer): _____ DATE: _____