



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: _____