

**WITNESS STATEMENT**

WHERE WERE YOU LOCATED AT THE TIME OF THE INCIDENT? \_\_\_\_\_

DID YOU WITNESS THE INCIDENT? \_\_\_\_\_

DESCRIBE WHAT YOU WITNESSED. \_\_\_\_\_

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

DID YOU SPEAK TO ANYONE AT THE LOCATION OF THE INCIDENT? \_\_\_\_\_

IF SO, WHOM? \_\_\_\_\_

HAVE YOU PROVIDED A REPORT TO ANYONE REGARDING YOUR ACCOUNT OF THE INCIDENT? \_\_\_\_\_

IF SO, WAS THE REPORT VERBAL OR WRITTEN? \_\_\_\_\_

DO YOU HAVE A COPY OF THAT REPORT? \_\_\_\_\_

DO YOU KNOW ANY OF THE PERSONS INVOLVED IN OR AFFECTED BY THE INCIDENT? \_\_\_\_\_

IF SO, HOW? \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: AREA CODE ( ) \_\_\_\_\_

*I certify and affirm under the penalty of perjury that I prepared and have read the statements in the above report, and that all statements contained in this report are true and accurate.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_