



# MAITLAND POLICE DEPARTMENT

**Offense #**

## **WITNESS STATEMENT FORM**

Fill out in detail.

Statement of:  VICTIM  WITNESS  SUSPECT  DEFENDANT  OTHER (SPECIFY \_\_\_\_\_)

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STATEMENT LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

INCIDENT LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM  
I, \_\_\_\_\_, DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT,  
COERCION, OFFER OR BENEFIT OR FAVOR BY ANY PERSON WHOMSOEVER:

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED  
AUTHORITY THIS:

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

I SWEAR THE ABOVE STATEMENT IS CORRECT AND TRUE:	
SIGNATURE	_____

Notary Public       Law Enforcement Officer  
 Personally Known       Produced ID

I WISH TO PRESS CHARGES AND WILL TESTIFY:  YES  NO

MIRANDA WARNING READ:  YES  NO

WHITE COPY (ORIGINAL)	STATE ATTORNEY
YELLOW COPY	MPD RECORDS
PINK COPY	OTHER

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