

Alvarado Police Department Voluntary Witness Statement

Case #: _____ Date: _____ Time: _____

Name: _____ Nickname: _____ Date of Birth: _____

Driver's License /ID #: _____ State: _____ Social Security #: _____

Home Address: _____

Name of Employer: _____ Type of Business: _____

Work Address: _____

Home Phone #: _____ Mobile Phone#: _____ Work Phone#: _____

Email Address: _____

Preferred Method of Contact (*circle one*): PHONE EMAIL TEXT

Date of Crime: _____ Address of Crime: _____ Describe Location: _____

PROPERTY CRIMES:

Description of Property Damaged or Stolen: _____

Serial Number: _____ License Plate #: _____ State: _____

Color: _____ Year: _____ Make: _____ Model: _____ Other: _____

PROPERTY CRIMES SUPPLEMENT USED?

ASSAULT CRIMES:

Did the assault cause you pain? _____ Do you want to press charges? _____

Type of weapon used? HANDS/FEET KNIFE GUN OTHER: _____

Do you agree to allow Officers to take photos of your injuries? _____

ACTOR/OFFENDER INFORMATION:

Do you know the offender: _____ Name: _____ Date of Birth: _____

Phone #: _____ Address: _____

Description: HGT: _____ WGT: _____ HAIR COLOR: _____ EYE COLOR: _____ AGE: _____

Clothing Description: _____ Other Information: _____

Initials

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