HENRY COUNTY POLICE DEPARTMENT

STATEMENT FORM

CASE NUMBER: _____

PERSON INTERVIEWED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY *(optional)*: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ AGE: _____

EMPLOYER: _____

ADDRESS: _____

PHONE (HOME): _____ (WORK): _____ (CELL): _____

EMAIL ADDRESS: _____

DETAILS (WHO, WHAT, WHEN, WHERE, WHY, HOW) (SIGN & DATE UPON COMPLETION)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE: _____

FOR DEPARTMENTAL USE ONLY

VICTIM: ☐ WITNESS: ☐ SUSPECT: ☐ OTHER: ☐

DATE/TIME STATEMENT TAKEN/INTERVIEW BEGAN: _____

COMPLETED: _____

STATEMENT TAKEN/INTERVIEWED BY: _____ ID #: _____

HENRY COUNTY POLICE DEPARTMENT

STATEMENT FORM

CASE NUMBER: _____ PAGE _____ OF _____

SIGNATURE: _____