Snowflake-Taylor Police Department

Witness Statement

DR# _____

Date _____

Officer _____

Witness Information

Witness Name	DOB	Phone #	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip

Suspect Information

1	☐Known ☐Unknown	Name (if known)	Age ☐Approximate ☐Actual	
Height (approximate)	Weight (approximate)	Hair Color	Hair Length	Eye Color
Clothing Description (shirt, pants, hat, coat, etc)				

2	☐Known ☐Unknown	Name (if known)	Age ☐Approximate ☐Actual	
Height (approximate)	Weight (approximate)	Hair Color	Hair Length	Eye Color
Clothing Description (shirt, pants, hat, coat, etc)				

Statement of Events

Witness Signature _____ Date _____

Snowflake-Taylor Police Department

Witness Statement Continuation

DR# _____

Date _____

Officer _____

Statement of Events (continued)

Witness Signature _____ Date _____