



KECHI POLICE DEPARTMENT

STATEMENT FORM

PRINT FULL NAME: _____
FIRST NAME MI LAST NAME

BIRTH DATE: _____ **SSN:** _____ **HT:** _____ **WT:** _____ **Hair:** _____ **Eyes:** _____

DRIVER'S LIC # _____ **STATE:** _____ **PHONE:** (____) _____

ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____ **WORK:** (____) _____

TODAY'S DATE: _____ **TIME STATEMENT PREPARED:** _____

LOCATION WHERE STATEMENT PREPARED: _____

A DETAILED STATEMENT FROM YOU IS NEEDED IN THIS CASE. PLEASE WRITE EVERYTHING YOU CAN RECALL ABOUT THE INCIDENT INCLUDING A DESCRIPTION OF THE INCIDENT, THE TIME AND PLACE OF THE INCIDENT, FULL NAMES OF ALL PEOPLE INVOLVED, HOW THE INCIDENT OCCURRED AND WHY IT OCCURRED. WHEN YOU ARE FINISHED, PLEASE SIGN YOUR STATEMENT IN THE PRESENCE OF A POLICE OFFICER.

(Attach additional sheets if needed)

SIGNATURE: _____ **DATE:** _____

OFFICERS SIGNATURE: _____ **CASE #:** _____

OFFICER NOTE: Persons giving statements should include information regarding time elements, standing (authority or permission) and possession (care custody, control ownership).

