HENRY COUNTY POLICE DEPARTMENT

STATEMENT FORM

CASE NUMBER: _____

PERSON INTERVIEWED: _____

ADDRESS _____ CITY _____ STATE _____ ZIP_____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

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

EMPLOYER: _____

ADDRESS: _____

PHONES:HOME: _____ WORK: _____ PAGER: _____ CELL: _____

EMAIL ADDRESS: _____

********************FOR DEPARTMENTAL USE******************

VICTIM _____ WITNESS _____ SUSPECT _____ OTHER _____

DATE/TIME STATEMENT TAKEN/INTERVIEW BEGAN: _____

COMPLETED: _____

STATEMENT TAKEN/INTERVIEWED BY: _____ ID #: _____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature

STATEMENT FORM (Continued)

CASE NUMBER: _____ PAGE _____ OF _____

USE ADDITIONAL PAGES AS NECESSARY

HCBPS FORM 04-0042 rev 2/08

Signature _____