GRANNIS POLICE
DEPARTMENT VOLUNTARY
STATEMENT

DATE: ___/___/___ TIME: _____ (am / pm)

My name is: _____ Phone Number: _____

Date Of Birth: ___/___/___ Age: _____ DL / ID # _____

My Address is: _____ Zip_____

I work at: _____ Address: _____ Phone:_____

I am making this statement as:

- ☐ a Victim, I want to prosecute
- ☐ a Victim, however I do not want to prosecute anyone. This is for information only.
- ☐ a Witness.
- ☐ Other_____.

THIS STATEMENT IS IN REFERENCE TO:

_____

_____

Date of incident: ___/___/___ Approximate time: _____ (am / pm)

Location of incident:_____

List name and information of other person(s) involved. Provide as much information you can. This will help us identify the person(s) involved. Use details of statement for more room.

Circle

Name: _____ DOB: ___/___/___ Age: _____ Suspect Witness

Address: _____

Name: _____ DOB: ___/___/___ Age: _____ Suspect Witness

Address: _____

Name: _____ DOB: ___/___/___ Age: _____ Suspect Witness

Address: _____

DETAILS OF STATEMENT

For a successful prosecution it is important that you provide as much information about the incident as possible. Include the names of all witnesses. If you were injured state Who injured you, How you were injured, Where you were injured and What your injuries are. If you sustained a property loss, state what the property was and the cost. You may be required to provide a written estimate later. Be sure to identify who did what. Instead of "He did ....." say "John did....." Again, take your time and provide as much detail as possible.

By signing below you are certifying that you understand it is a crime under Arkansas Criminal Code 5-54-122 to knowingly make a false report.

Officer Receiving Statement _____

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_____

SIGNATURE (Sign each page)

GRANNIS POLICE DEPARTMENT
VOLUNTARY STATEMENT

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