

# STATEMENT

FOR SHERIFF'S OFFICE USE ONLY:

CASE NO. \_\_\_\_\_

WITNESS NO **W-**\_\_\_\_\_

## PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT:				OTHER NAMES USED:			
RESIDENCE (Street) ADDRESS:				RESIDENT OF WASHOE COUNTY?		HOME PHONE:	
(City, State, Zip)				<input type="checkbox"/> YES <input type="checkbox"/> NO		WORK PHONE:	
RACE:		SEX:		DATE OF BIRTH:		SOCIAL SEC NO:	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		<input type="checkbox"/> Indian <input type="checkbox"/> Asian		<input type="checkbox"/> Male <input type="checkbox"/> Female		FAX NO:	
HEIGHT:		WEIGHT:		HAIR:		EYES:	
OCCUPATION AND WHERE EMPLOYED:						OTHER NO. TO CALL:	
WORK/SCHOOL ADDRESS:						WORK HOURS:	
INVOLEMMENT:						DAYS OFF:	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger		<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Witness		MY LOCATION WHEN THE EVENT OCCURRED:			

## WRITTEN STATEMENT

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DATE & TIME OF STATEMENT: Date \_\_\_\_\_ Time \_\_\_\_\_

NUMBER OF PAGES IN STATEMENT: \_\_\_\_\_

SIGNATURE OF PERSON MAKING THIS STATEMENT: **X** \_\_\_\_\_