



# BEAVERHEAD COUNTY SHERIFF'S OFFICE



## WITNESS / VICTIM STATEMENT FORM

Case Number (if known): \_\_\_\_\_ Deputy Receiving Statement: \_\_\_\_\_

Date of Statement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM / PM

### SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email (optional): \_\_\_\_\_

Relationship to Incident: ☐ Witness ☐ Victim ☐ Other: \_\_\_\_\_

### SECTION 2: INCIDENT DETAILS

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Incident: \_\_\_\_\_ AM / PM

Location of Incident: \_\_\_\_\_

Type of Incident (e.g., theft, assault, etc.): \_\_\_\_\_

### SECTION 3: STATEMENT

(Please provide a detailed account of what happened. Include names, dates, times, locations, descriptions of people or property involved, and anything you heard or saw. Attach additional pages if necessary.)

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### SECTION 4: SIGNATURE

I affirm that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[illegible]