

# Volusia County Sheriff's Office

Michael J. Chitwood, Sheriff



--	--

INCIDENT NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

## WITNESS STATEMENT

INCIDENT TYPE		NAME OF PERSON SIGNING		
ADDRESS				
AGE	BIRTH DATE	HOME PHONE	EMPLOYED AT / SCHOOL ATTENDS	
STATEMENT TAKEN AT	DATE	TIME	READ RIGHTS ( ) YES ( ) NO X _____ (INITIALS)	

I, \_\_\_\_\_, do hereby, freely and voluntarily, make the following statement:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

---

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

---

NOTARY PUBLIC / LAW ENFORCEMENT OFFICER