

**City Of Kissimmee Police Department  
VICTIM / WITNESS STATEMENT FORM**

**KPD Incident Number:01** - \_\_\_\_\_ - \_\_\_\_\_ **Incident Type:** \_\_\_\_\_

**Identity of Person Making Statement**

**NAME:** (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_ **SUFFIX:** \_\_\_\_\_

**BIRTH:** (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (COUNTRY) \_\_\_\_\_

**RACE:** \_\_\_\_\_ **SEX:**  Male  Female **BIRTH DATE:** (M) \_\_\_\_\_ - (D) \_\_\_\_\_ - (Y) \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **DRIVERS LICENSE #:** \_\_\_\_\_ **D/L STATE:** \_\_\_\_\_

**D/L EXPIRES:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ **ETHNIC ORIGIN:** \_\_\_\_\_ **HEIGHT:** (F) \_\_\_\_\_ (I) \_\_\_\_\_ **WEIGHT:** (LBS) \_\_\_\_\_

**PHONE NUMBERS:** (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ (Other) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_

**HOME ADDRESS:** (Street #) \_\_\_\_\_ (Direction) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (Building #) \_\_\_\_\_

(Apt #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Country) \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**WORK ADDRESS:** (Street #) \_\_\_\_\_ (Direction) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (Suite #) \_\_\_\_\_

(Room #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Country) \_\_\_\_\_

**RELIGION:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_ **EDUCATION GRADE LEVEL:** \_\_\_\_\_

**CRIME VICTIM / WITNESS AFFIDAVIT**

I affirm that I am a victim of or a witness to the crime reported or that I represent the business victimized and the facts provided to the Kissimmee Police Department herein are true and accurate to the best of my knowledge and belief.

If I am a victim of the crime reported, I also affirm that no one was given permission to commit the act(s) described herein against me or the business I represent. I further swear or affirm that: (check one)

**I DO WISH TO PROSECUTE** or  **I DO NOT WISH TO PROSECUTE**

the person or persons responsible for committing this crime and I am willing to make myself available to testify in any subsequent court appearances or procedures that are necessary in this process.

I WITNESSED OR HAVE KNOWLEDGE OF THE FOLLOWING EVENTS OR FACTS CONCERNING THIS INCIDENT:

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**Statement Must Be Signed On The Reverse Side Of This Form**

