

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
POLICE DEPARTMENT

FIELD STATEMENT

CASE NO: _____

Your Name _____ DOB _____ Phone Number _____

Home Address _____ City & State _____

Place of Employment _____ Occupation _____ Phone _____

Name & Address of Relative _____

Type of Offense _____

Date _____ Time _____ Location _____

Victim's Name & Address (if different) _____

Name of Violation/Suspect (if known) _____

DESCRIPTION OF SUSPECT (Race, Male/Female; Approximate Age; Height; Weight; Hair;
Eyes; Clothes)

DESCRIPTION OF VEHICLE DRIVEN BY SUSPECT INCLUDING License PLATE NO.

STATEMENT OF WITNESSED ACTIONS

Signature of Person Making Statement Officer Interviewing & Receiving this statement

Date _____ Time _____ Location _____