



New Orleans Police Department  
**VICTIM/WITNESS VOLUNTARY STATEMENT FORM**

ITEM NO. \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

**SUSPECT DESCRIPTION** (Please give all names suspect is known by, race/sex, height/weight, clothing worn/approximate age)

NAME (if known) \_\_\_\_\_

ALIAS/NICK-NAME (if known) \_\_\_\_\_

ADDRESS (if known) \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ APPROXIMATE AGE \_\_\_\_\_

IDENTIFYING MARKS (moles, tattoos, scars, facial hair, eye color, hair style/color, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLOTHING, INCLUDING ACCESSORIES (hat/scarf) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO SUSPECT (if any) \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BY MY SIGNATURE BELOW, I SWEAR OR AFFIRM THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF UNDER CRIMINAL PENALTIES FOR CRIMINAL MISCHIEF (R.S. 14:59) OR INJURING PUBLIC RECORDS (R.S. 14:132)

Statement ended on \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_, at about \_\_\_\_\_ M.  
(DAY) (DATE) (MONTH) (YEAR) (TIME) (A/P)

\_\_\_\_\_  
Signature of person rendering statement

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed name of person rendering statement

\_\_\_\_\_  
Printed name of witness

Officer: \_\_\_\_\_ Badge: \_\_\_\_\_ Officer: \_\_\_\_\_ Badge: \_\_\_\_\_ Car: \_\_\_\_\_

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CONTINUATION SHEET

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Officer's Initials

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Victim/Witness Initials