WITNESS/VICTIM STATEMENT

DATE: _____

TIME: _____

LOCATION: _____

This is the Voluntary Statement of:

NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE (Residence) _____ PHONE (Other) _____ STUDENT NUMBER: _____

You are being interviewed in connection with:

WITNESS: _____

SIGNED: _____

WITNESS 2: _____

TIME: _____