



**Colorado City Police Department**  
**Hildale City Police Department**  
*Courage-Compassion-Integrity*

Dispatch (928) 875-9170

**Witness Statement**

Today's Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_


Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am making this statement voluntarily and without threat or coercion. All statements made in this document are true and correct to the best of my knowledge. I understand that this statement may be used at a Preliminary Hearing. If I make a false statement which I do not believe to be true, I will subject to criminal penalty.

Please describe what you saw, heard, or know of this incident.

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Address: \_\_\_\_\_

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Signature: \_\_\_\_\_

