

Sanford Airport Police Department Victim / Witness Statement

Adult
Juvenile

Officer		ID	Date		
Case Number		Case Type			
Sworn written state	ment form:				
Full Name		Birth Do	ate	Race / Sex _	/
Address		City	State_	Zip	
Home Phone	Work	Phone	Cell Phone		
Height	Weight	Hair Color	Eye	Color	
	Drive				
Employer		Employer address			
	<u>FAI</u>	SE INFORMATION AFFIDA	<u>AVIT</u>		
l,	, certify t	hat the statements made to	o the above listed Sanfo	ord Airport Poli	ce
l,	WILL / WIL	L NOT prosecute the individuo	al(s) that are responsible fo	or the above liste	ed incident(s)
X		Form of ID p	produced		
Signo	ture of person making statement				
	Sworn to and subscribed befo	ore me this day of	20		
	Printed name and signo	ture of Law Enforcement Office	cer or Notary / ID number		

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Statement Continuation

ull Name				Case num	ber		Date
		 					
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		1					
roperty Section	<u>1:</u>						
Brand	Model	Serial #	Style	Size	Color	Description	Value
)							
)							
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)							
]							
Signatur	re of person makin	g statement					
	Sworn to a	nd subscribed bef	fore me this	d	av of	20	
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	Printe	ed name and sign	ature of Law E	nforcemen	t Officer or N	otary / ID number	
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