New Orleans Police Department VICTIM/WITNESS VOLUNTARY STATEMENT FORM

		ITEM NO		Page	of
PLACE: DATE	::	TIME S	STARTED:		M.
(STATEMENT LOCATION)					(A/P)
I,(VICTIM/WITNESS)	, residing at	(HOME ADDRESS)			,
Whose date of birth is	_, am giving a vo	luntary statemen	t to	IGATING OFFICER	·
I am knowingly rendering this statement without	t the aid of an att	orney. I have no	t been promis	ed a reward	for giving
this statement or threatened with physical harm,	coerced, or offer	red leniency by a	law enforcem	nent officer o	r
representative from the District Attorney's Offic	ee.				
On, the of(MONTH)	20, a	t about	M, at:	OCATION OF INCI	DENT)
Officer's Initials				Victim/Witr	ess Initials

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		IJ	EM NO	Page _	of
SUSPECT DESCRIPTI	ON (Please give all names	s suspect is known by, ra	ce/sex, height/weig	ht, clothing worn/ap	proximate age)
NAME (if know	n)				
ALIAS/NICK-N	AME (if known)				
ADDRESS (if k	nown)				
RACE	SEXHEIO	GHT WEI	GHT	APPROXIMATE A	GE
IDENTIFYING	MARKS (moles, tattoos, s	scars, facial hair, eye col	or, hair style/color,	etc)	
	CLUDING ACCESSORI				
RELATIONSHI	P TO SUSPECT (if any) _				
ADDITIONAL 1	NFORMATION				
DV MV SIGNATUDE D	ELOW, I SWEAR OR AF	TEIDM THE ADOVE ST	ATEMENT IS TO	UE AND CORRECT	
	DGE, INFORMATION A			LHES FOR CRIMIN	IAL
	OR INJURING PUBLIC I			, at about	M.
Signature of person ren	dering statement		Witness		
Printed name of person	rendering statement		Printed name	of witness	
Officer:	Badge:	Officer:	F	Badge:	

NOPD Form 116 10/07

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	ITEM NO	Page of
	CONTINUATION SHEET	
officer's Initials		Victim/Witness Initials