



ARKANSAS TECH UNIVERSITY
DEPARTMENT OF PUBLIC SAFETY
Victim/Witness Statement

Incident #: _____ Officer/ID: _____ Date/Time: _____

Name: _____ T#: _____

DL# _____ State: _____ Date of Birth: _____

Gender _____ Race _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Clothing description at the time of the crime (used for video footage review):

Residence Hall: _____ Room #: _____ Cell Phone #: _____

Home Address: _____

Suspect Name: _____ Age _____ Sex _____ Race _____ Height _____ Hair Color _____ Eye Color _____
Clothing Description _____

Describe incident you are reporting with as much detail as possible:

Signature: _____