Arkansas Tech University Department of Public Safety

Witness – Victim Statement

Incident Number_____ **Date:**_____ **Officer Name / ID:** _____

Name: _____ Student #: T_____ Date of Birth:_____ Driver's License #:_____

Campus/Local Address: _____ Hall: _____ Room: _____

Permanent Address: _____ City: _____ State: ____ Zip: _____

Cell Phone Number: _____ Secondary Phone Number: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Write a detailed description of what happened or what you witnessed

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Signature: _____