

SOUTH PADRE ISLAND POLICE DEPARTMENT

Assault Victim Statement

The following information will be used in the filing of criminal charges against the suspect in this case. **Should you give false answers or information to the following questions, you could be prosecuted for the crime of "FALSE REPORT TO A PEACE OFFICER" under SECTION 3708 OF THE TEXAS PENAL CODE.**

Date of this assault: _____ Case #: _____

Your Full Name: _____ D.O.B.: _____
(First) (Middle) (Last)

Home Address: _____
(City) (State) (Zip)

Mailing Address: _____
(City) (State) (Zip)

Home Phone Number(s): (____) _____ Work Number(s) (____) _____

Currently staying at (Condo/Hotel Name): _____ Condo/Apt. #: _____

Condo Phone Number (____) _____ Departure Date: _____

Suspect's Name: _____ D.O.B. _____

Suspect's Address: _____
(City) (State) (Zip)

Suspect's Phone Number(s) Home (____) _____ Work (____) _____

Complex Suspect is staying at: _____

Condo/Apt. # _____

What relation is the suspect to you? _____

Did the suspect: Strike you Push You Kick You Scratch You Threaten You Touch You
Or Other: _____

If physically assaulted, where on your body did assault occur? _____

Did this cause you pain? Yes No

Did this cause bleeding, bruises, swelling or broken bones? Yes No

If **YES**, describe the injury: _____

Were you pushed or struck with an object? Yes No How many times were you pushed or struck? _____

Has the suspect been drinking alcoholic beverages or using drugs? Yes No

Where did this assault occur? _____

Has this person hurt your before? Yes No If **YES**, when and where did it occur?

How has he/she hurt you before? _____

Were there any witnesses to the previous assaults? Yes No

If **YES**, please give their name, address and phone number.

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Previous Witness #1

Your Full Name: _____ D.O.B.: _____
(First) (Middle) (Last)

Home Address: _____
(Street name) (City) (State) (Zip)

Mailing Address: _____

Home Phone Number _____ () Work Number: _____ ()

Previous Witness #2

Your Full Name: _____ D.O.B.: _____
(First) (Middle) (Last)

Home Address: _____
(Street name) (City) (State) (Zip)

Mailing Address: _____

Home Phone Number _____ () Work Number: _____ ()

Has the suspect been drinking alcoholic beverages or using drugs? Yes No

Were there any witnesses to this assault? Yes No

WITNESS INFORMATION

Witness #1

Your Full Name: _____ D.O.B.: _____
(First) (Middle) (Last)

Home Address: _____
(Street name) (City) (State) (Zip)

Mailing Address: _____

Home Phone Number _____ () Work Number: _____ ()

Currently staying at (Condo/Hotel Name): _____ Condo/Apt. #: _____ Departure Date: _____

Witness #2

Your Full Name: _____ D.O.B.: _____
(First) (Middle) (Last)

Home Address: _____
(Street name) (City) (State) (Zip)

Mailing Address: _____

Home Phone Number _____ () Work Number: _____ ()

Currently staying at (Condo/Hotel): _____ Condo/Apt. #: _____ Departure Date: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND MEMORY.

Victim's Signature

Witness Signature

Date

Officer's Signature (If Victim refuses to sign form)

Date

FAMILY VIOLENCE Yes No
IF "YES" – ATTACH FAMILY VIOLENCE REPORT