

### SWORN AFFIDAVIT

**STATE OF TEXAS**

**DATE:** \_\_\_\_\_

**COUNTY OF WALLER**

**TIME:** \_\_\_\_\_

Before me, the undersigned authority, appeared \_\_\_\_\_  
*(Print Affiant's Name)*

who after being duly sworn on his/her oath deposes and says:

My full name is: \_\_\_\_\_ . I am \_\_\_\_\_ years of age, and my date of birth is: \_\_\_\_\_ . I currently reside at: \_\_\_\_\_ , in (city): \_\_\_\_\_ , (state) \_\_\_\_\_ , Zip Code: \_\_\_\_\_ . My home telephone number is: \_\_\_\_\_ , and my work number is \_\_\_\_\_ . I can also be contacted at (other number, pager, cell, etc...) \_\_\_\_\_ . My driver's license or official identification number is: \_\_\_\_\_ , and my Social Security Number is: \_\_\_\_\_ .

**I HAVE BEEN INFORMED THAT UNDER TEXAS LOCAL GOVERNMENT CODE, SECTION 143.123 THAT:**

**"AN INVESTIGATOR MAY NOT CONDUCT AN INTERROGATION OF A FIREFIGHTER OR POLICE OFFICER BASED UPON A COMPLAINT BY A COMPLAINANT (PERSON) WHO IS NOT A PEACE OFFICER UNLESS THE COMPLAINANT (PERSON) VERIFIES THE COMPLAINT IN WRITING BEFORE A PUBLIC OFFICER WHO IS AUTHORIZED BY LAW TO TAKE STATEMENTS UNDER OATH."**

In order to conduct a complete and thorough investigation of your complaint, we need you to answer the following questions. Please be as specific as possible.

1. Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

2. Location of the incident (address): \_\_\_\_\_

3. Number of Prairie View Police Officers/Employees involved: \_\_\_\_\_

List any names, badge numbers, vehicle numbers and/or license plate numbers, And/or provide physical descriptions of the officer(s) involved:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

(Use separate page if necessary)



Issue Record # \_\_\_\_\_ Incident # \_\_\_\_\_

4. Number of witnesses who observed the incident: \_\_\_\_\_. Provide full names, addresses, phone numbers, and any other identifying data. If there are no witnesses, please write the word "NONE."

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

5. Did you sustain any injuries? \_\_\_\_\_ If yes, please list the type of injuries that were a result of this particular incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use separate page if necessary)

6. Did you receive any medical attention? \_\_\_\_\_. If yes, please provide the name, address, and telephone number(s) of any doctor's office and/or hospital, as well as the date you received treatment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Were you arrested? \_\_\_\_\_ Were you issued any tickets? \_\_\_\_\_ If yes to either question, please list the charges filed and/or citations issued and the disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use additional page if necessary)







Issue Record # \_\_\_\_\_ Incident # \_\_\_\_\_

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\_\_\_\_\_

(Use additional pages if necessary)

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I have completed \_\_\_\_\_ years of school and can read and write the English Language. I have read this statement in its entirety and certify that it is correct and true to the best of my knowledge.

\_\_\_\_\_  
(Name: Printed)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

(Notary Stamp/Seal)

*(NOTE: A typed or hand-written statement may be attached in lieu of section 8 of this document. However, the document must be dated and signed in the presence of a Notary Public). All pages of the statement must be dated and initialed.*

