Police Department

VOLUNTARY STATEMENT FORM

Case #: _____ Date / time occurred: _____ Date / time of statement: _____

Incident Location: _____ Statement given to: (Officer): _____

Witness Name: _____ Witness Address: _____
Witness Telephone Number(s): _____

OTHER MEANS OF CONTACTING WITNESS IN FUTURE:

_____
_____

SWORN STATEMENT

_____
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_____
_____
_____
_____CONTINUE ON BACK

DAMAGES SUMMARY

The estimated dollar amount of damages suffered from this event are:

_____
_____

AFFIRMATION

I have read this statement consisting of ____ page(s) and hereby swear or affirm that the facts contained herein are true and correct to the best of my belief.
WITNESS NAME PRINTED AND SIGNED:_____
DATE SIGNED: _____ OFFICER WITNESS TO SIGNATURE: _____