VOLUNTARY STATEMENT

Incident # _____

Full Name _____ Date of Birth _____

Full Address _____

Phone _____ Work Phone _____

You are notified that statements you are about to make may be used in criminal prosecution. Any false statement you make and that you do not believe to be true may subject you to criminal punishment, as proscribed by law.

Signature:_____ Date:_____

Describe IN DETAIL what you saw, heard, or know about this incident: