

MINOCQUA POLICE DEPARTMENT
WRITTEN STATEMENT

INCIDENT # _____

DATE & TIME OF STATEMENT ____ / ____ / ____ AT _____ A.M./P.M.

I, _____, Age _____, Sex _____, Date of Birth _____,

residing at _____,

phone (_____) _____ do hereby give the following statement to

_____, of the Minocqua Police Department. I have been

informed by _____, and clearly understand that I am not required

to give any statements except freely and voluntarily. Knowing this, I give the following

statement:

The above statement is true and correct to the best of my knowledge. Any erasures, strikeouts, additions or corrections have been initialed by me.

Signature (Full name including middle)

Witnesses: _____, Time: _____, Date: _____
_____ , Time: _____, Date: _____

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(Additional page(s))

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Page _____

Date: _____

Time: _____

The above statement is true and correct to the best of my knowledge. Any erasures, strikeouts, additions or corrections have been initialed by me.

_____ Signature (Full name including middle)

Witnesses: _____, Time: _____, Date: _____

_____ , Time: _____, Date: _____