

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: _____

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Signature (Full name including middle)

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