City of
SHEBOYGAN FALLS
Police Department

Voluntary Statement

Name:_____ Date of Birth: _____
First Middle Last

Home Address:_____ City: _____ State: _____ Zip:_____

Home Phone: (_____)_____ Place of Employment: _____

Work Phone: (_____)_____

Describe, in your own words, WHO did WHAT, WHERE, WHEN and HOW. Be accurate and complete. Include first & last names if possible. Please print in ink.

On _____, _____, at _____, I saw and heard the following:
Date Time Location

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed:_____

Date:_____ Time:_____

Complaint Number:_____ Witness: _____

Page _____ of _____

P.O. BOX 186, 375 Buffalo Street, Sheboygan Falls, WI 53085
PHONE (920)467-7902 FAX (920)467-7910

Sheboygan Falls Police Department
Voluntary Statement (Continuation)

Signed:_____

Date:_____ Time:_____

Complaint Number:_____ Witness: _____