

WEST SALEM POLICE DEPARTMENT STATEMENT FORM

•				CASE #:	
VICTIM _	W	TITNESS	COMPLAINANT	OTHER	
NAME:			DAT	E OF BIRTH:	
ADDRESS:	Street		City State	Telephone #:	
	Street		ony state	Mobile #:	
EMPLOYEI	R:			Work #:	
			 		
I have read th	is statemen	t consisting of _	page(s) and all face	as contained therein are true and con	rrect.
Signature of Per	son giving sta	ntement	Date a	nd time statement completed	
Signature of Off	icer receiving	g statement	Date a	nd time statement received	_
Please return to:		Police Departmen		og gjongtyng if omnligeld-	
	175 S. Leon West Salen		witne x to: (608) 786-3359	ss signature if applicable	

WSPD Statement Form Rev 06/09

WEST SALEM POLICE DEPARTMENT STATEMENT CONTINUATION FORM

	CASE #:
Signature of Person Giving Statement	Date and Time Completed

WSPD Statement Form Rev 06/09