VILLAGE OF BROWNSVILLE POLICE DEPARTMENT

	Case Number:
N.	Voluntary Statement
	DOB:
Phone Number:	Email:
Address:	
As the victim, do you consent to your	information being released to:
Yes or No – Governmental Entities (oth	ner law enforcement, public health, etc.)
Yes or No – Domestic Violence Crisis A	Advocates (Protective Advocate Validate Educate – PAVE)
Yes or No – Open Records Requests	
	our involvement in the incident that you are writing about. Name the people happened and/or what you saw. Initial any corrections.
Signed:	Date:
Witness	Data