

BROWNSVILLE POLICE DEPARTMENT

PO Box 308, Brownsville, WI 53006

Phone: 920-583-4087, Fax: 920-583-4256

Case # _____

Page ____ of ____

VOLUNTARY STATEMENT

PRINT CLEARLY

Name – First _____ Middle _____

Last _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____ Phone Number _____

STATEMENT: State the date, time, and your involvement in the incident that you are writing about. Name the people you are talking about and describe what happened and/or what you saw. Initial any corrections.

DO NOT WRITE ON THE BACK SIDE OF THIS FORM

Ask the officer for additional forms or use a clean, blank, lined sheet of paper

SIGNATURE

X _____ Date _____ Time _____ AM / PM

Officer Receiving Statement: Marshal K. Stuckart, Badge # 11

If Juvenile:

Parent Name: _____

Signature: _____

Are you a victim? Yes No
As a victim, do you consent to your information to be released to:
 Government entities (other law enforcement, public health, etc.)
 PAVE
 Open records requests