REARDAN POLICE DEPARTMENT

VOLUNTARY STATEMENT

CASE NUMBER:	TYPE OF INCIDENT:	
DATE AND TIME OF INCIDENT:	LOCATION OF INCIDENT: (if known)	
NAME OF PERSON MAKING STATEMENT:		
ADDRESS OF PERSON MAKING STATEMENT: (physical and mailing, city, state and zip code)		
HOME PHONE:	WORK PHONE:	MESSAGE PHONE:
PLACE OF EMPLOYMENT / SCHOOL	DATE OF BIRTH	
DRIVER LICENSE STATE	DRIVER LICENSE NUMBER	
DATE AND TIME OF STATEMENT:	LOCATION SIGNED:	

I certify or declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

STATEMENT TAKEN BY:	SIGNATURE OF PERSON MAKING STATEMENT: