

UW-Parkside Police Department Written Statement

Incident Number: _____

Date: _____

Name: _____ **D.O.B.** _____

Local Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Permanent Address _____

Emergency Contact _____ **Phone** _____

I have been informed that I am a:

☐ **VICTIM** in this matter and I have given no one consent to _____

☐ **WITNESS** in this matter and I am willing to state my recollections.

☐ **SUSPECT** in this matter and I am willing to cooperate with the law enforcement authorities.

I have made the above statement freely and voluntarily without any threats or promises. It is my desire to state the true facts as to this incident. I have read the above statement and find it to be true and correct.

Signature: _____ **Date:** _____ **Time:** _____

Witness/ID: _____ **Date:** _____ **Time:** _____

Page _____ **of** _____

Witness/ID: _____ **Date:** _____ **Time:** _____