



**FIRESTONE POLICE DEPARTMENT** CASE # \_\_\_\_\_  
**-VOLUNTARY STATEMENT-**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

<b>Name Last, First, Initial</b>			<b>Person Making Statement is:</b> RP [ ]    Victim [ ]    Witness [ ]    Other [ ]				
HEIGHT	WEIGHT	HAIR	EYES	DOB	SSN		DRIVER LICENSE NO.
RESIDENCE STREET ADDRESS			CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NO.
BUSINESS STREET ADDRESS			CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NO.
OFFICER TAKING STATEMENT			BADGE NO.		DATE		TIME
CONCERNING AN INCIDENT OCCURRING AT					LOCATION WHERE STATEMENT TAKEN		

SUMMARY OF STATEMENT:

---

---

---

---

---

---

---

---

---

---

---

---

I HAVE READ THE FOREGOING STATEMENT AND THE FACTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I DO NOT MAINTAIN THAT IT CONTAINS ALL OF THE FACTS OR DETAILS OF THE INCIDENT, BUT ONLY THOSE FACTS ABOUT WHICH I HAVE BEEN ASKED.

AM [ ]  
PM [ ]

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME COMPLETED

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING STATEMENT

---

