City of Milton Police Department

1000 Laurel Street, Milton, Washington 98354
Tel: 253-922-8735 Fax: 253-922-2706

VOLUNTARY STATEMENT FORM

Officer _____ Page # ____ of ____
Date Reported: _____ Time Reported: _____

Case #:

INCIDENT LOCATION:	**DATE OCCURRED:** FROM: TO:	**TIME OCCURRED:** FROM: TO:

LAST NAME:	FIRST NAME:	MIDDLE NAME:

RESIDENT ADDRESS	CITY	STATE	ZIP

DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DRIVER'S LICENSE NUMBER & STATE

CELL PHONE	HOME PHONE	WORK PHONE	EMAIL ADDRESS

EMPLOYER	ADDRESS	CITY	STATE	ZIP

DOLLAR VALUE	LICENSE NUMBER	LICENSE STATE`	VEHICLE YEAR	MAKE	MODEL	BODY STYLE

COLOR(S)	VIN #	UNIQUE MARKINGS

INSURANCE?	PERMISSION TO DRIVE GIVEN?	DIVORCE/SEPARATION:	PAYMENTS DELINQUENT:	KEYS IN VEHICLE:	VEHICLE LOCKED?	KEY(S) NEEDED?
☐YES ☐ NO	☐ YES ☐ NO	☐ YES ☐NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐ YES ☐ NO

(**Print Name**) I ,_____am not under arrest for, nor am I being detained for, any criminal offenses concerning the events I am about to make known to the **Milton Police Department.** Without being accused of any criminal offenses regarding the facts I am about to state, I voluntarily provide the following information of my own free will, for whatever purpose it may serve**.**
I want charges filed in this matter (CHECK BOX): YES_____**NO** _____

I, the undersigned declare the attached information is true and correct to the best of my knowledge. I will testify, in court, under oath, to the facts related to my statement above and attached report. I understand that if I knowingly make a false or misleading statement that I may be charged with violation of **RCW 9A.76.175**, false statements. If I am reporting a stolen vehicle or vessel, I understand I am liable for all towing and storage costs incurred in the recovery of this vehicle or vessel**. I certify under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.**

Print Name: **Signature:**

Date: **Time:** **Location:**