



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? <input type="checkbox"/> YES <input type="checkbox"/> NO	PERMISSION TO DRIVE GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIVORCE/SEPARATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	PAYMENTS DELINQUENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	KEYS IN VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	KEY(S) NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> 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: