City of Milton Police Department

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

VOLUNTARY STATEMENT FORM

Case # _____ Page # _____ of _____

Date Reported: _____ Time Reported: _____

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

LAST NAME:	FIRST NAME:	MIDDLE NAME:	DATE OF BIRTH:

RESIDENT ADDRESS	CITY	STATE	ZIP

RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DRIVER'S LICENSE STATE & D.L. #	HOME PHONE	WORK PHONE

EMPLOYER	ADDRESS	CITY	STATE	ZIP

LICENSE NUMBER	LICENSE STATE	YEAR/RANGE	MAKE	MODEL	BODY	COLOR(S)

VIN #	UNIQUE MARKINGS	DOLLAR VALUE

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

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 volunteer 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 the above named offense and attached report. I understand that I may be charged with violation of **RCW 9A.76.175**, false statements. If 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: _____

OFFICER (PRINT)	OFFICER (SIGNATURE)	PLEASE RETURN TO OFFICER: