KAYSVILLE
POLICE DEPARTMENT

STATEMENT FORM

INVESTIGATING OFFICER _____ **CASE NUMBER** _____

DATE _____ **TIME** _____ ☐AM ☐PM

NAME _____ **DATE OF BIRTH** _____
FIRST MIDDLE LAST MM/DD/YYYY

ADDRESS _____ **PHONE** HOME ( ) _____

_____ WORK ( ) _____
CITY STATE ZIP

CELL ( ) _____

EMAIL ADDRESS _____

TYPE OF INCIDENT _____ **LOCATION OF INCIDENT** _____
(i.e. THEFT, ACCIDENT, BURGLARY, ASSAULT, ETC.)

DATE OF INCIDENT _____ **TIME OF INCIDENT** _____ ☐AM ☐PM

PLEASE READ THE FOLLOWING BEFORE FILLING OUT YOUR STATEMENT

YOU ARE NOTIFIED THAT STATEMENTS YOU ARE ABOUT TO MAKE MAY BE PRESENTED TO A MAGISTRATE OR A JUDGE IN LIEU OF YOUR SWORN TESTIMONY AT A PRELIMINARY EXAMINATION. ANY FALSE STATEMENT YOU MAKE, AND THAT YOU DO NOT BELIEVE TO BE TRUE, MAY SUBJECT YOU TO CRIMINAL PUNISHMENT AS A CLASS-A MISDEMEANOR.

DESCRIBE BELOW WHAT YOU SAW, HEARD, OR KNOW ABOUT THIS INCIDENT:

USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED

SIGNATURE ***(REQUIRED)*** _____

CONTINUATION OF STATEMENT

SIGNATURE ***(REQUIRED)*** _____