Black River	Falls	Police	De	partment
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Case	Num	ber:		
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Voluntary Statement Form

Statement of:					Date of Birth	ı: /	/
	Last		First	MI		Month Day	Year
Address:					Home Phone	: ()	-
	Street						
					Cell Phone	: ()	-
	City		State	Zip			
Date of Incident:	/	/			Time of Inciden	t:	AM
	Month Da	y Year				Hr Mi	in PM
Location of Incide	ent:						
Suspect / Offende	r:				Victim:		
			If Known			If Known	
I understand that I am	not under arrest	, nor am I being d	letained for any crimina	al offenses cor	ncerning the events I am al	bout to make kno	own to the
					make any statements of a		
					uce or coerce such statem		
					atement consisting of		
					contained herein are true		page of
winen bears my signat	ure, una correcti	ons, if any, bear i	my mitials, and I certify	that the facts	contained nerein are true	and correct.	
Signature:				Date:		Time:	
			Page of	•			
			1 age 01				
Officer Collecting	Statement						