Village of Jefferson Police Department

Voluntary Statement of _____ Incident# _____ _

Date _____ Time ___ Place _____ DOB _____ SSN ____ _

Address _____ _ Phone Number - - - - - - - - -

I have read this statement consisting of _____ pages(s), and I affirm to the truth and accuracy of the facts contained therein, this statement was completed at ____ M, on the __ day of __ 20___ _

Signed x _____ Witness _____ _