WITNESS/SUSPECT STATEMENT

South Bend Police Dept.
1102 W First St
South Bend, WA 98586
360-875-5444

Incident #:

(Victim/Witness/Suspect Information)			
Name (Last, First, Middle)	Date of Birth	Driver's License/ID Number	◯ Victim ◯ Witness ◯ Suspect
Home Address	Phone: (H)	Location of Incident:	
	(W) or (C)	Date/Time of Incident:	

Nature of Incident:

I have read each page of this statement. I gave the above written statement to the officer named above. I certify under penalty of perjury under the laws of the State of Washington that everything in my taped/written statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily, and without threats or promises of any kind.

Click to Print

Signature

Date