



Spirit Lake Police Department | Victim/Witness Statement Form

Regarding Case Number: SL ____ - _____ Page 1 of _____

Name: _____ Date of Birth: _____
(Please Print)

Address: _____ City: _____ State: _____ Zip: _____
(Physical)

Address: _____ Social Security Number: _____ - _____ - _____
(PO Box)

() _____ () _____ () _____
Home Phone Number Work Phone Number Other/Cell Phone Number

Location: _____ Date: _____ Time: _____ [AM] [PM]
(of statement) (of statement) (of statement)

Person(s) Present: _____
Officer(s) or witness to statement

I give this statement of my own free will. There has been no pressure enforced upon me, and no threats or promises have been made to me for the contribution of this statement. I attest that it is the truth to the best of my knowledge. I understand that any person who knowingly provides a false report to any peace officer is guilty of a crime pursuant to Idaho Code section 18-705.

Signature: _____

(USE ADDITIONAL SHEETS OF PAPER IF NEEDED. DO NOT WRITE ON THE BACK OF THIS FORM)

