



CASSVILLE POLICE DEPARTMENT

VOLUNTARY STATEMENT

Case #

<u>Date of Occurance</u>	<u>Time of Occurance</u>	<u>Location of Occurance</u>		
<u>Name (First, MI, Last)</u>		<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Telephone Number</u>		<u>Home Address</u>		

Large empty rectangular area for the voluntary statement content.

<u>Signature of Person Giving Statement</u>	<u>Date</u>	<u>Signature of Officer</u>
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IF ANY PART OF THIS STATEMENT IS FALSE, I UNDERSTAND THAT I COULD BE CHARGED WITH FILING A FALSE POLICE REPORT.