## MINOCQUA POLICE DEPARTMENT

WRITTEN STATEMENT

INCIDENT#	

DATE & TIME OF STATEMENT	/	/	_AT		A.M./P.M.
I,	_, Age	, Sex	, Da	ate of Birth	,
residing at					,
phone ( )		do l	nereby §	give the follow	ving statement to
,	, of the	e Minocqua	1 Police	e Department.	I have been
informed by		, and cle	early un	derstand that I	am not required
to give any statements except freel	y and v	oluntarily.	Know	ing this, I giv	ve the following
statement:					
The above statement is true and correadditions or corrections have been init		•	/ knowle	edge. Any era	sures, strikeouts,
			Signatu	re (Full name i	ncluding middle)
Witnesses:		, Tim	ıe:	, Date:	
				Date:	

## MINOCQUA POLICE DEPARTMENT

WRITTEN STATEMENT (Additional page(s))

Incident #		Page
Incluent #		Date:
	_	Time:
ne above statement is true and co	orrect to the best of my know	ledge. Any erasures, strikeouts, addition
corrections have been initialed b		reage. This erasures, surkeouts, addition
		Signature (Full name including middle
itnesses:	. Time:	, Date:
		, Date:
	, 11me:	, Date: