

CHERRYVALE POLICE DEPARTMENT

Chief of Police Jimmy Holt

WITNESS STATEMENT

			OF EVENT:			TIME OF EVENT:		
LOCATION OF EVENT:				YOUR NAME:				YOUR AGE:
YOUR ADDRESS:				СІТУ:				STATE:
Height Weight Eye Color				Hair Color		SSN#		
YOUR DRIVER LICENSE #		e-mail:				DATE OF BIR	DATE OF BIRTH:	
PHONE #: HOME () - WORK ()		CELL PHONE	≣		
Police Department Case No.								
STATEMENT: Plea	ase print							-
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Falsely Reporting Statement (K.S.A. 21-5904)
Falsely reporting to a law enforcement officer or state investigative agency:
That a person has committed a crime, knowing that such information is false and intending that the officer or agency shall act in reliance upon such information; or any information, knowing that such information is false and intending to influence, impede, or obstruct such officer's or agency's duty.
Signing this document represents that the information I have provided to a law enforcement officer or, investigating agency is true and correct to the best of my knowledge. I have read the above paragraph and I understand that giving false information to a law enforcement officer or state investigative agency is unlawful and could result in charges filed under K.S.A. 21-5904. I understand the above stated information and that I will initial next to my choice to assist in the prosecution of any person(s) responsible for the offense(s) that I am reporting to this law enforcement officer or state investigative agency.
The prosecuting attorney in this matter holds the ultimate authority in the decision to file charges regarding this report.
Printed Name:Date/Time
Signature: Officer / Witness: