WEST SALEM POLICE DEPARTMENT
STATEMENT FORM

CASE #: _____

VICTIM _____ WITNESS _____ COMPLAINANT _____ OTHER _____

NAME: _____ DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ Telephone #: _____
Street City State

Mobile #: _____

EMPLOYER: _____ Work #: _____

I have read this statement consisting of _____ page(s) and all facts contained therein are true and correct.

_____ _____
Signature of Person giving statement Date and time statement completed

_____ _____
Signature of Officer receiving statement Date and time statement received

Please return to: **West Salem Police Department**
175 S. Leonard St.
West Salem, WI 54669 or fax to: (608) 786-3359

_____
Witness signature if applicable

WEST SALEM POLICE DEPARTMENT
STATEMENT CONTINUATION FORM

CASE #: _____

Signature of Person Giving Statement

Date and Time Completed