Elkhart Lake Police Department
40 Pine Street, P.O. Box 578
Elkhart Lake, WI 53020-0412
(920) 876-2244 Fax (920) 876-2795

Voluntary Statement

Name:_____Date of Birth:_____
First *Middle* *Last*

Address:_____City:_____State:____Zip:_____

Phone: (____)_____-_____

Describe in your own words, WHO did WHAT, WHERE, WHEN, and HOW. Be accurate and complete. Include first and last names if possible. Please print in ink.

On _____,_____at_____I saw and heard the following:
Date *Time* *Location*

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Signed:_____

Date:_____Time:_____

Witness:_____

Complaint Number:_____

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