City of Milton Police Department

1000 Laurel Street, Milton, Washington 98354
Tel: 253-922-8735 Fax: 253-922-2706

VOLUNTARY STATEMENT FORM

Officer _____ Page # ____ of ____
Date Reported: _____ Time Reported: _____

Case #:

ROLE OF PERSON IN STATEMENT VICTIM/SUSPECT/WITNESS/REPORTING PARTY/PROPERTY OWNER	**ROLE**

INCIDENT LOCATION:	**DATE OCCURRED:** FROM: TO:	**TIME OCCURRED:** FROM: TO:

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**

RESIDENT ADDRESS	**CITY**	**STATE**	**ZIP**

DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DRIVER'S LICENSE NUMBER & STATE

CELL PHONE	**HOME PHONE**	WORK PHONE	EMAIL ADDRESS

EMPLOYER	ADDRESS	CITY	STATE	ZIP

DOLLAR VALUE $	LICENSE PLATE NUMBER	LICENSE STATE	VEHICLE YEAR	MAKE	MODEL	BODY STYLE

COLOR(S)	VIN #	UNIQUE MARKINGS / DAMAGES / LIGHTING / STICKERS / DECALS

INSURANCE?	PERMISSION TO DRIVE GIVEN?	DIVORCE/SEPARATION:	PAYMENTS DELINQUENT:	KEYS IN VEHICLE:	VEHICLE LOCKED?	KEY(S) NEEDED?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

GPS LOCATION TRACKING?	WEAPON IN VEHICLE?	CONSENT TO SEARCH VEHICLE?	IMPOUND?	LICENSE PLATES ATTACHED?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ FRONT ☐ BACK ☐ PAPER ☐ NONE

(**Print Name**) I ,_____am not under arrest for, nor am I being detained for, any criminal offenses concerning the events I am about to make known to the **Milton Police Department.** Without being accused of any criminal offenses regarding the facts I am about to state, I voluntarily provide the following information of my own free will, for whatever purpose it may serve**.**
I want charges filed in this matter (CHECK BOX): YES____ NO ____

In this section fill out what happened given the Who, What, Where, When and How the incident occurred.

I, the undersigned declare the attached information is true and correct to the best of my knowledge. I will testify, in court, under oath, to the facts related to my statement above and attached report. I understand that if I knowingly make a false or misleading statement that I may be charged with violation of **RCW 9A.76.175**, false statements. If I am reporting a stolen vehicle or vessel, I understand I am liable for all towing and storage costs incurred in the recovery of this vehicle or vessel**. I certify under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.**

Print Name: **Signature:**

Date: Today's Date **Time:** Today's time **Location:** City/state you signed the document