

APPLE CREEK POLICE DEPARTMENT STATEMENT FORM

Case # _____ Page _____ of _____
Statement of: _____ Date: _____ Time: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ SSN: _____ Phone #: _____

I, _____, am _____ years of age. I give this
voluntary written statement to _____ of the Apple Creek Police Department
I understand that giving such statement can be used by the Apple Creek Police Department however
deemed necessary in the investigation and prosecution of this matter.

I have read each page of this statement consisting of _____ page(s), and each page bears my
signature. Any corrections herein bear my initials and I certify that the facts contained herein are true
and accurate to the best of my knowledge.

As described in section 2921.13A of the Ohio Revised Code no person shall knowingly make a false statement with the
purpose to incriminate another or mislead a public official in performing the the official's official function. Violation of
this offense is a misdemeanor of the first degree \$1000.00 fine and six (6) months in jail.

Signature

Printed Name

Officer

Unit #