



NISQUALLY POLICE DEPARTMENT
WITNESS STATEMENT FORM

CASE# _____

DATE _____

DATE: ____/____/____

Time of Statement _____AM / PM

Name: _____ Date of Birth ____/____/____

Address: _____

Phone # (H) _____ (C) _____ (W) _____

I am making this statement voluntary, without reward, promise of reward, threat or force.

RCW 9A.76.175, Making false reports to police officers (1) A person commits the crime of making false reports if he/she willfully makes an untrue, misleading, or exaggerated statement in any report to a police officer.

Signature

Pg ____ of ____

Date/Time