

COWETA POLICE DEPARTMENT

VOLUNTARY STATEMENT

Incident occurred on or between:										Reported on:				
Month:	Day:	Year:	D.O.W.:	Time:	Month:	Day:	Year:	D.O.W.:	Time:	Month:	Day:	Year:	D.O.W.:	Time:
Name: Last, First Middle:					Race	Hispanic Y N	Sex M F	Height:	Weight:	Eyes:	Hair:	Age:	Date of birth:	
Home Address:					City:	State:	Zip:	Resident Y N	Marital Status:	Home Phone:				
Business Address:					City:	State:	Zip:	Work Phone:	Cell Phone:					
Driver License Number:			Social Security Number:											



I have read each page of this statement consisting of ___ page(s), each page of which bears my signature and corrections, if any, bear my initials, and I certify that the facts contained here in are true and correct.

Signature: _____ **Signature:** _____
Parent or Guardian if 17 years of age or younger

Witness: _____

Reporting Officer: _____ **Badge #:** _____ **Date:** _____