

MONROE POLICE DEPARTMENT

[] Suspect [] Victim [] Witness Statement

Statement of: _____ Date of Birth: _____
(Last name, First & Middle Initial)

OLN: _____ State: _____ SSN: _____ - _____ - _____

Home Address: _____

Business Address: _____

Home Phone #: () _____ - _____ Bus. Phone #: () _____ - _____

Cell Phone #: () _____ - _____ Pager/Bpr. #: () _____ - _____

- 1 _____
- 2 _____
- 3 _____
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- 17 _____
- 18 _____
- 19 _____
- 20 _____
- 21 _____
- 22 _____
- 23 _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. _____ Intial Here if you would like to request non-disclosure as allowed by RCW 42.17.310(1)(c)

Date: _____ Time: _____ Place Statement Taken: _____

Signed: _____ Witnessed by: _____

(DO NOT WRITE ON THE BACK. PLEASE ASK FOR ADDITIONAL STATEMENT FORMS)