



EVANSVILLE POLICE DEPARTMENT

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EMERGENCIES



Scott A. McElroy

DIAL 9-1-1

Chief of Police

Voluntary or Witness Statement

Place: _____ Date: _____ Time: _____ a.m. / p.m.
(Where are you when statement written) (Month, Date, Year) (Circle One)

I, _____ do voluntarily give the following statement to _____,
(First, middle, last) (Officer)

a Police Officer with the City of Evansville Police Department. I am _____ years old and was born _____.
(Date of Birth)

I reside at _____.
(House number, apartment number, street or road, city, state, zip)

Home Phone number: _____. Cell Phone Number: _____.

I can read and write the English Language and completed _____ years of school at _____.
(Name and city of school)

I was read my Miranda Advisement prior to making this statement. Yes _____ No _____

*** Please be as detailed as possible to include dates, times, names, actions, and words stated.**

I attest that this information is given of my own free will and accord, without any promise, threats, or coercion. This information is truthful to the best of my knowledge and I am not providing any false or misleading information. I understand that providing false or misleading information can result in my arrest for obstructing an officer and or an investigation. I understand in providing any information, it is my purpose and intent to aid the officer/department in this investigation and that I am in no way providing false information for the purpose of misleading the officer department or investigation nor am I providing fictitious information to focus the investigation on a innocent third party.

Signature Date / Time

Officer or Witness

