



**WEST SALEM POLICE DEPARTMENT**  
**STATEMENT FORM**

CASE #: \_\_\_\_\_

VICTIM \_\_\_\_\_ WITNESS \_\_\_\_\_ COMPLAINANT \_\_\_\_\_ OTHER \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
                    First                    Middle                    Last

ADDRESS: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
                    Street                                    City            State

Mobile #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Work #: \_\_\_\_\_

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I have read this statement consisting of \_\_\_\_\_ page(s) and all facts contained therein are true and correct.

\_\_\_\_\_  
Signature of Person giving statement

\_\_\_\_\_  
Date and time statement completed

\_\_\_\_\_  
Signature of Officer receiving statement

\_\_\_\_\_  
Date and time statement received

Please return to: **West Salem Police Department**  
**175 S. Leonard St.**  
**West Salem, WI 54669 or fax to: (608) 786-3359**

\_\_\_\_\_  
Witness signature if applicable

