	W.P.P.D. V	oluntary	Statement	t Inci	dent #	_
Date:	Place:				Time Started	am pm
I, the und	ersigned			, am	years of age, the date	and place of birth
being the	day of		,19, at	t		
I now live	e at				• State	<u> </u>
						Zip
					number is	
	cion, favor or offer of favor				pe or reward, without fear or thre rsons whomsoever.	at of physical narm,
	ach page of this statement e true and correct and I wa				ignature. I further certify that the	facts contained in this
This state	ment was complete	d on the	day of		, 20at	am pm
Witness			_			
Witness			_	Signatu	re of person giving state	ment