

Incident #: _____

Case #: _____

ST. GEORGE POLICE DEPARTMENT WITNESS STATEMENT FORM

DATE _____ PLACE _____ TIME _____

NAME _____ DOB _____ PHONE _____

HOME ADDRESS _____

PLACE OF WORK _____

Read Carefully I am making this statement voluntarily and without threat or coercion. All statements made in this statement are true and correct to the best of my knowledge. I understand this statement may be used in a preliminary hearing. If I make a false statement which I do not believe is true, I will be subject to criminal penalty.

I have read this statement consisting of _____ page (s) and the facts contained therein are true and correct.

Witness Signature

Signature of person giving statement