STATEMENT FORM

STATEMENT OF (NAME): _____

ADDRESS: _____

CITY: _____**STATE:**_____**ZIP:**_____

DATE OF BIRTH: _____

DRIVERS LICENSE / SOCIAL SECURITY NUMBER: _____

PHONE # / EMAIL: _____

USING AN INK PEN, (PREFERABLY BLACK), PROVIDE A COMPLETE, THRUTHFUL AND READABLE ACCOUNT OF THE INCIDENT. IF YOU MAKE A MISTAKE, YOU MAY LINE THROUGH IT AND PUT YOUR INITIALS ABOVE THE MISTAKE. IF YOU NEED MORE ROOM USE THE CONTINUATION FORM PROVIDED.

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OFFICIAL TAKING STATEMENT: _____

WITNESS: _____

COMPLAINT NUMBER_____

SIGNATURE: _____**DATE:** _____

FALSE STATEMENTS ARE PUNISHABLE BY LAW RSMo 575.060 / Merriam Woods Ord 210.380