



# DUVALL POLICE DEPARTMENT

## [ ] Victim / [ ] Witness Statement

Case # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

The following is the true and correct statement of:

\_\_\_\_\_  
Name: ( First M.I. Last)      DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer / School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

I certify under the penalty of perjury under the laws of the State of Washington that my statement is true and correct and maybe used in a court of law.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Officer: \_\_\_\_\_ I.D. # : \_\_\_\_\_



# DUVALL POLICE DEPARTMENT

Additional Information Sheet

Case # \_\_\_\_\_

I certify, or declare, under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (9A.72.085)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Officer: \_\_\_\_\_ I.D. # : \_\_\_\_\_

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