



# Fallon Paiute Shoshone Tribal Police Department

## Voluntary Statement

Incident #: \_\_\_\_\_

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

Name:			
DOB:		SSN:	
HT:	WT:	Hair:	Eyes:

Address:			
Mailing:			
Phone1:		Phone2:	
Tribal Affiliation:			Enrolment #:

Date & Time of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ at approximately \_\_\_\_:\_\_\_\_am/pm

Location of Incident: \_\_\_\_\_

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# Fallon Paiute Shoshone Tribal Police Department

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I have read each page of this statement consisting of \_\_\_\_\_ page(s) I affirm that these statements are true and correct to the best of my present knowledge.

Given at (location) \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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\_\_\_\_\_  
Signature of Person Giving Statement

\_\_\_\_\_  
Officer Signature and Badge#

For Official Use Only

\_\_\_\_\_  
Reviewing Supervisor Signature

\_\_\_\_\_  
Date