

Officer DSN: _____

Case #: _____

Village of Indian Point Police Department

Statement Form

Date: _____

Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Please state the facts of the incident, times, names, dates, and values of property if applicable. By signing this statement form, you agree all information you have written is true to the best of your knowledge. If charges are filed, and you want to drop the charges, you may be expected to pay the court costs which may have accrued due to these statements. By signing this Statement form, I understand any statement given by me may be used against me in a Court of Law.

I understand making any false statements can be punishable by law per RSMo. 575.060

Signature

Date