OFFICER #	



VOLUNTARY STATEMENT

PLEASE PRINT FULL NAME:	Chief Steve Lewis 715-222-2334 (cell) 310 Hill Avenue, PO Box 3 Star Prairie, WI 54026 715-248-7720 (office) • 715-248-7721 (fax)	TIME::_	/ AM / PM
FULL NAME:ADDRESS:	PLEASE PRINT	J	
ADDRESS:			
CITY: STATE: ZIP: HOME PHONE: CELL PHONE: EMAIL: BEST WAY TO CONTACT YOU: HOME PHONE / CELL PHONE / EMAIL DATE OF BIRTH: / / SEX: MALE / FEMALE SOCIAL SECURITY: / / DRIVER'S LICENSE NUMBER: APPROXIMATE TIME OF INCIDENT: : AM / PM IF YOU ARE REPORTING AN INCIDENT INVOLVING LOST, DAMAGED, OR STOLEN PROPERTY, PLEASE COMPLETE THE FOLLOWING INFORMATION:			
EMAIL: BEST WAY TO CONTACT YOU: HOME PHONE / CELL PHONE / EMAIL DATE OF BIRTH: / SEX: MALE / FEMALE SOCIAL SECURITY: / DRIVER'S LICENSE NUMBER: APPROXIMATE TIME OF INCIDENT: AM / PM IF YOU ARE REPORTING AN INCIDENT INVOLVING LOST, DAMAGED, OR STOLEN PROPERTY, PLEASE COMPLETE THE FOLLOWING INFORMATION:			ZIP:
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QTY DESCRIBE ITEM MODEL/SERIAL NO. ESTIMATED VALUE	IF YOU ARE REPORTING AN INCIDENT INVOLVING LOS		
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