West Yellowstone Police Department
West Yellowstone, Montana
124 Yellowstone Ave, West Yellowstone, Montana 59758
(406) 640-7600 FAX (406) 640-7650

WRITTEN STATEMENT

Police Officer: **Case Number:**

Date: _____ **Time:** _____ **am/pm** **Location:** _____
Full Name: _____ **DOB:** _____ **SSN:** _____
Street Address: _____ **City/State:** _____ **Zip:** _____
Mail Address: _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Pager:** _____ **Email:** _____
Employer: _____ **Work Phone:** _____ **Fax:** _____
Work Address: _____ **City/State:** _____ **Zip:** _____
Other Persons Involved:
1) Name: _____ **Address:** _____ **Phone:** _____
2) Name: _____ **Address:** _____ **Phone:** _____
3) Name: _____ **Address:** _____ **Phone:** _____

I am making this voluntary statement to the West Yellowstone Police Department of my own free will. I understand I am not being questioned or accused of any criminal acts in reference to the information, which I am about to give. I also understand it is unlawful to give false information or report an offense to law enforcement when it did not occur (MCA 45-7-205). I further understand this statement may be used by the West Yellowstone Police Department as part of an investigation or by the Town of West Yellowstone City Attorney in a court of law, if necessary.

Signature: _____ **Date:** _____

WRITTEN STATEMENT

I have read this statement consisting of ___ page(s) and have signed each page. I affirm that all facts/statements contained within are true and correct.

Signature: _____ **Date:** _____ **Time:** _____

Receiving Officer: _____ **Badge #:** _____ **Page 1 of** ____

WRITTEN STATEMENT (CONTINUATION) **Case Number: _____**

Signature: _____ Date: _____ Time: _____ AM/PM