



KALISPELL POLICE DEPARTMENT

WITNESS STATEMENT

Incident # _____

Officer _____

Date: _____ Time: _____ Place: _____

Name _____ Date of Birth _____

Home Address _____ Phone _____

Employer _____ Phone _____

I do hereby make the following statement to Officer _____ of the Kalispell Police Department:

I have read this statement, consisting of _____ page(s) and the facts contained therein are correct to the best of my knowledge.

Signature witnessed by:

Signature

Date & Time received by KPD

Continuation

Page ____ of ____

Initials _____