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CASHION POLICE DEPARTMENT

102 South Main St Cashion, Oklahoma, 73016 (405)433-2881 Fax (405)433-2044 Anthony Baldini, Chief of Police



Voluntary Statement Form

Date & Time: Name (Last, First, Middle)			Case #:					
			Date of Birth (MM/DD/YYYY)			Social Security #		
Home Address:	City		State	Zipcode				
Place of Employment:		9	City	State	Zipcode			
					Email Address:			
Cell Phone #:	/VVO	rk rnone #:			Email Address:			
Driver's License #/State:		Place of Birth: Heigh		Height	Weight	Hair Color	Eye Color	
*NOTE: It shall be unlawful to r the possibility of a crime having Police action or Investigation. A misdemeanor and shall be pun \$500.00	g bee Any p ishab	n committed erson who kr	, which re nowingly nment fo	eport caus violates th r not more	es or encou is section sl e than 90 da	rages the ex nall be guilty	ercise of of a	
				2	ir			
							-	
Signature of Person Making State	ana é		e of Stater		Signature of			

Voluntary Statement Form Continued Signature of Person Making Statement Signature of Witness/Parent/Officer Date of Statement

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