

KELLEYS ISLAND POLICE DEPARTMENT

VOLUNTARY STATEMENT FORM

I, _____, hereby make the following statement of my own
free will and accord, concerning the _____ which occurred on
_____, 20_____, at _____ [am] [pm]
Date year time

Statement: _____

OFFICER _____	NAME _____
LOCATION _____	SIGNED _____
DATE _____	ADDRESS _____
SSN _____	PHONE _____
DATE OF BIRTH _____	PAGE ____ OF ____