KALISPELL POLICE DEPARTMENT
WITNESS STATEMENT

Incident #_____
Officer_____

Date:_____ Time:_____ Place:_____
Last Name_____ First_____ M.I _____
Date of Birth_____ SS# _____
Home Address_____Phone #_____
Employer_____Phone # _____
I do hereby make the following statement to Officer _____ of the Kalispell Police Department.

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

_____
Signature

Witnesses:

_____

_____

_____
Date & Time received by KPD

Over →

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

Witnesses:

_____

_____

_____
Signature

Miranda Warning Read: Yes ☐
No ☐