MANHATTAN POLICE *DEPARTMENT*
PO Box 424, 207 S. 6th, MANHATTAN, MT 59741
Phone (406) 284-6630 – Fax (406) 284-6363

Voluntary Statement

Legal Name:_____ Known as:_____

Date of Birth:_____ Phone:_____ or:_____

Residence address:_____ City, State:_____

Incident Occurred: Date:_____Time:_____

Location:_____

Please give detailed information including what happened, how and why if known, and names of other persons involved or present at the time. If reporting property lost, stolen, or damaged include description, brand name, serial number, size, color and value of each item.

Statement:_____

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Signature: _____ **Today's Date:** _____

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Statement Continued:_____

I have read this statement, consisting of ____ page(s). Each page of which bears my signature. I do affirm that all facts and statements contained herein are true and correct.

 Signature: _____ **Today's Date:** _____