

**LAKE DELTON POLICE DEPARTMENT**

PO Box 510, Lake Delton, WI 53940  
 Phone: 608-254-7571, Fax: 608-254-4651

Case # \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

WITNESS STATEMENT

PRINT CLEARLY

Name – First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_

**STATEMENT:** State the date, time and your involvement in the incident you are writing about. Name the people you are talking about and describe what happened and/or what you saw. Initial any corrections.

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**DO NOT WRITE ON THE BACK SIDE OF THIS FORM**

Ask the officer for additional forms or use a clean, blank, lined sheet of paper

SIGNATURE X \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Officer Receiving Statement \_\_\_\_\_ Badge # \_\_\_\_\_