Cedarburg Police Department

W75 N444 Wauwatosa Road
Cedarburg, WI 53012
262-375-7620

Page No. _____

SUPPLEMENTARY VOLUNTARY STATEMENT

Statement of (First Name, M.I., Last Name) _____ D.O.B. _____ Date: _____

I have read this statement. The facts contained therein are true and correct to the best of my knowledge. I was not told or prompted what to say in this statement.

This statement was completed at _____.M. on the _____ day of _____, 20_____.

This statement was made by: _____ Refer to Complaint No. _____
(Signature of person giving voluntary statement)

Witness: _____ Witness: _____