PUYALLUP TRIBAL POLICE DEPARTMENT

1638 E. 29th St.
Tacoma, WA. 98404
253-680-5626 (Administration) – 253-680-5659 (Fax) – 253-680-5656 (Dispatch)

HANDWRITTEN STATEMENT

Date:	Time:	Case Number:
Full Name Of Person Making Statement (Last, First, Middle):		
Address (Street) (City) (State) (Zip)		
Date Of Birth:	Social Security Number:	Telephone Number:

I HAVE BEEN INFORMED OF MY CONSTITUTIONAL RIGHTS: YES NO N/A

NARRATIVE OF FACTS:

(Continue on back of page, or use additional pages if necessary)

THE ABOVE IS A TRUE AND CORRECT STATEMENT TO THE BEST OF MY KNOWLEDGE. NO THREATS OR PROMISES HAVE BEEN MADE TO ME NOR ANY DURESS USED AGAINST ME. I UNDERSTAND THAT I MAY BE CHARGED WITH VIOLATION OF RCW 9A.76.175 – "MAKING FALSE OR MISLEADING STATEMENT TO A PUBLIC SERVANT," OR OTHER APPLICABLE CHARGE, IF I KNOW THIS STATEMENT TO BE FALSE.	
Signature:	
Witness' Signature:	Witness' Printed Name/Title:

NARRATIVE OF FACTS (Cont.):

❑ Check if using additional pages