BPD Incident # _____ Report # _____

Brillion Police Department
Statement Form

Date: ___ / ___ / ___ Page ____of ____

Name: _____ / ___ / _____ Date of Birth: ___ / ___ / ___

Address: _____ City:_____ State ____ Zip_____

Phone # :_____

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Signature:_____ Date:_____ Time:_____

Witnessed By:_____