



SANTA CLARA – IVINS
Public Safety Department

Voluntary Witness Statement

For Officer Use Only

Incident # _____
Officer ID _____
Time _____
Date _____

Name: _____ Date of Birth: _____
Social Security #: _____ or Driver License # _____
Physical Address: _____ City: _____ State: _____
Mailing Address: (if different) _____ City: _____ State: _____
Home Phone #: _____ Work #: _____ Cell #: _____

Read Carefully: I hereby certify that all statements made in this statement are true and correct to the best of my knowledge. Additionally, I understand this statement may be used at a preliminary hearing. If I make a false statement which I do not believe to be true, I will be subject to criminal penalty.

Lined area for writing the witness statement.

Signature _____

Witness _____

Date _____

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