PUBLIC SAFETY
SCI
SANTA CLARA-IVINS

Police Incident Number: _____-SCI-_____

SANTA CLARA – IVINS Public Safety Department
Voluntary Witness Statement

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Email: _____ Phone: _____ Driver License: _____

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.

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Signature _____ Witness _____

Date _____ Page _____ of _____

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Signature _____ Witness _____

Date _____ Page _____ of _____