**STOREY COUNTY SHERIFFS OFFICE**
205 S C Street, Virginia City, NV, 89440
(775) 847-0959



# VOLUNTARY STATEMENT

EMAIL COMPLETED FORM TO: SHERIFF@STOREYCOUNTY.ORG

## WITNESS CONTACT INFORMATION

**Name:** _____ **DOB:** _____
*(Last)* *(First)* *(Middle)*

**Address:** _____ **Phone:** _____

_____ **Cell:** _____

**Mailing Address:** _____
*(Mailing Address - if different than above)*

## INCIDENT DETAILS & WITNESS STATEMENT

**Date:** _____ **Location of Incident:** _____ **Time Started:** _____

**This statement was completed at** _____ a.m. / _____ p.m. **on the** _____ **day of** _____ **,20** _____

**Witness:** _____

**Witness:** _____

_____
**Signature of person giving Statement**