CASHION POLICE DEPARTMENT

102 South Main St
Cashion, Oklahoma, 73016
(405)433-2881 Fax (405)433-2044
Anthony Baldini, Chief of Police

Voluntary Statement Form

Date & Time:	Case #:

Name (Last, First, Middle)		Date of Birth (MM/DD/YYYY)		Social Security #	
Home Address:			City	State	Zipcode
Place of Employment:			City	State	Zipcode
Cell Phone #:	Work Phone #:		Email Address:		
( ) -	( ) -				
Driver's License #/State:	Place of Birth:	Height	Weight	Hair Color	Eye Color

*NOTE: It shall be unlawful to make a false report to any person of a crime or circumstances indicating the possibility of a crime having been committed, which report causes or encourages the exercise of Police action or Investigation. Any person who knowingly violates this section shall be guilty of a misdemeanor and shall be punishable by imprisonment for not more than 90 days and or a fine up to $500.00

Are you willing to prosecute? Yes / No

Signature of Person Making Statement | Date of Statement | Signature of Witness/Parent/Officer

Voluntary Statement Form Continued

Signature of Person Making Statement

Date of Statement

Signature of Witness/Parent/Officer