

**WASATCH COUNTY SHERIFF'S OFFICE
WITNESS STATEMENT**

INCIDENT # _____

YOU ARE HEREBY NOTIFIED THAT YOUR WRITTEN STATEMENT MAY BE PRESENTED TO A MAGISTRATE OR JUDGE, IN LIEU OF YOUR SWORN TESTIMONY, AT A PRELIMINARY EXAMINATION. MAKING A KNOWINGLY FALSE STATEMENT IS A CRIME AND MAY SUBJECT YOU TO CRIMINAL PROSECUTION FOR A CLASS A MISDEMEANOR.

TODAY'S DATE & TIME ___/___/___ _____ INCIDENT DATE & TIME ___/___/___ _____

FULL NAME _____ DATE OF BIRTH ___/___/___ M / F
FIRST MIDDLE LAST SEX

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE ___ - ___ - _____ DRIVER LICENSE _____
HOME WORK NUMBER STATE

LOCATION OF INCIDENT _____

DESCRIBE EVENTS: WHO - WHAT - WHERE - WHEN - WHY - HOW

I HEREBY SWEAR THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT THIS STATEMENT WAS FREELY GIVEN.

WITNESSES SIGNATURE _____ DATE & TIME ___/___/___ _____

PEACE OFFICER'S SIGNATURE _____ DATE & TIME ___/___/___ _____

FOR OFFICE USE ONLY **PROPERTY #** _____

