Case # _____ Page __of__

GALENA POLICE DEPARTMENT

111 Main Street-P.O. Box 234, Galena, Mo. 65656
Phone: (417) 357-6226 Fax: (417) 357-8033

VOLUNTARY STATEMENT

I, _____, wish to make the following statement of my own free will, without coercion, to Officer _____. Knowing false statements are a violation of State Statute 575.080 and Galena City Ordinance #177.7.

Address _____, City _____, State _____, Zip _____
Phone # (____) ____-_____ SSN: ___-__-____ DOB__/__/____

Date: _____
Time: _____
Signature: _____
Witness: _____

Case # _____ Page __of__

GALENA POLICE DEPARTMENT

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Continuation

Date: ____/____/_____
Time: _____:_____
Signature: _____
Witness: _____