ICR # _____

City of Fridley
Police Department

VICTIM/WITNESS STATEMENT

DATE OF OFFENSE: ____/____/____ TIME OF OFFENSE: ____:____ am/pm

LOCATION OF OFFENSE: _____

OFFENDER: _____ DOB: ____/____/____

Please use the space below to provide factual details concerning this incident. Whenever possible include exact words used when relating statements made by involved parties. Please include all relevant facts. You may continue on the reverse side of this page, if necessary.

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I certify that the information provided by me on this document is true and correct to the best of my knowledge. I understand that this statement will become a permanent part of the case file of this incident and may be used in court. I also understand that knowingly making a false identification or making false statements about a crime may subject me to possible criminal charges.

_____ ____/____/____
Signature of Citizen Making arrest Date

_____ _____
Printed Name (First, Middle, Last) Telephone Number(s)

_____
Address City State Zip

Emergency Contact Information

Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____