



City of Lovelock Police Department

Chief Michael J Mancebo

VOLUNTARY STATEMENT

Report #

Page

of

STATEMENT INFORMATION

DATE

TIME

LOCATION

PERSON GIVING STATEMENT

FULL NAME

DATE OF BIRTH

AGE

PLACE OF BIRTH

STREET ADDRESS

P.O. BOX

CITY / STATE / ZIP

TELEPHONE

HEIGHT

WEIGHT

EYES

HAIR

DRIVER'S LICENSE #

EMPLOYER

OCCUPATION

SSN

STATEMENT

Describe what happened in your own words. Use the continuation sheet if you need more space.

I certify that this statement is true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at

☐ AM

☐ PM

on (date)

SIGNATURE OF PERSON GIVING STATEMENT

WITNESS

"This Institution is an equal opportunity provider and employer."

P.O. Box 1100 Lovelock, Nevada 89419 (775) 273-2256 Fax (775) 273-7626 police@cityoflovelock.com

VOLUNTARY STATEMENT – CONTINUATION

NAME OF PERSON GIVING STATEMENT

DATE

STATEMENT (CONTINUED)

INITIALS OF PERSON GIVING STATEMENT

WITNESS INITIALS