SANTA CLARA - IVINS
Public Safety Department
Voluntary Witness Statement

For Officer Use Only
Incident # _____
Officer ID _____
Time _____
Date _____

Name _____ Date of Birth _____

Social Security # _____ Driver License # _____

Address _____ City _____ State _____

Phone #'s Home: _____ Work: _____ Cell: _____

Read Carefully: I hereby certify that all statements made in this statement are true and correct to the best of my knowledge. Additionally, I understand this statement may be used at a preliminary hearing. If I make a false statement which I do not believe to be true, I will be subject to criminal penalty.

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Signature _____ Witness _____

Date _____ Page _____ of _____

Incident # _____

Signature _____ Witness _____

Date _____ Page _____ of _____