



INCIDENT STATEMENT FORM ORTING POLICE DEPARTMENT

CASE NUMBER: _____

Date: _____ Time: _____

My name is: _____
(LAST) (FIRST) (MIDDLE) (DOB)

I reside at: _____ with _____

I am employed at: _____

My home telephone number is: _____ My work telephone number is: _____

NARRATIVE OF FACTS:

I, the undersigned, declare the above narrative to be true and correct. I will testify, in court, under oath, to the facts herein. I understand that I may be charged with violation of R.C.W. 9A.76.020 "Obstructing a Public Servant" if filing a false police report.

Signature: _____ Witness: _____