

SANTA CLARA – IVINS Public Safety Department

Voluntary Witness Statement

For Officer Use	Only
Incident #	
Officer ID	
Time	
Date	

Name:		Date of Birth:	
Social Security #:		_ or Driver License #	
Home Phone #:	Work # <u>:</u>	Cell <u>#:</u>	
of my knowledge. Additiona	rtify that all statements made illy, I understand this stateme ch I do not believe to be true	ent may be used at a preli	iminary hearing. If I
Signature		Witness	
Date			Page of

Incident #

Signature	Witness		
Date		Page	of