_____
COMPLAINT NUMBER

AUBURN HILLS POLICE DEPARTMENT
VOLUNTARY STATEMENT

DATE _____ TIME _____ AM PM PLACE _____

OFFICER PRESENT _____ BADGE # _____

STATEMENT OF: NAME _____

ADDRESS _____

CITY _____

STATE, ZIP CODE _____

DATE OF BIRTH _____ SEX _____ PHONE HOME _____

PHONE WORK_____

WITNESSED BY_____ SIGNATURE _____

AHPD-098