LIBERTY LAKE POLICE DEPARTMENT

23127 E. Mission Ave., Liberty Lake, WA 99019

WITNESS STATEMENT FORM

DATE: _____ **INCIDENT/CASE #** _____

NAME: **ADDRESS**:

_____ _____
First Street/P.O. Box

_____ _____
Last City/State/Zip

_____
Middle **DATE OF BIRTH (DOB)**: _____

PHONE: (___) _____ (___) _____ (___) _____
Home Work Cell

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RCW 9A.84.040 Making false reports to police officers: (1) A person commits the crime of making a false report if he/she willfully makes an untrue, misleading, or exaggerated statement in any report to the police or fire department, (2) Making a false report is a misdemeanor.

SIGNATURE: _____ **DATE/TIME**: _____

If you would like the information/statement you provide to be protected under RCW 42.56.240(2) which states "…If at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure, such desire shall govern…" please check the required box and print/sign name here: ☐ **YES, I would like nondisclosure**

_____ _____
Print Name Signature

- ***Please note nondisclosure is still subject to and determined by the requirements set forth in the Public Records Act.***