Elk Mound Police Department

CASE # _____

206 East Menomonie Street, PO Box 188, Elk Mound Wis, 54739 Fax 715-879-4411 PX 715-879-4411

Statement of Loss/Damage and Lack of Consent

Statement Page _____ of _____

(Please Print)

Name _____ Date of Birth ____/ ____/ ____ Age _____

Print – (First) (Middle Initial) (Last)

Street Address: _____ Home Phone #: _____

(Fire or Street number and name) (City, Town, Village)

Mailing Address: _____ Work or Cell Phone #: _____

(If different from above) (Include Zip Code)

I am capable of granting or denying consent in this matter, by reason that I: (check one)

☐ am the victim ☐ am the owner ☐ am the occupant ☐ am employee (title) _____

☐ am entitled to at least equal rights to use and/or occupancy of property as if the owner.

I have given no permission to any person(s) to:

☐ Cause me injury or bodily harm or harassment.

☐ Cause damage to any property owned by me, in my possession, or that I am responsible for.

☐ Take, use, conceal, or retain possession of any property that I am responsible for or own.

☐ Enter or remain on any land after receiving notice not to enter or remain on the land.

☐ Enter or remain in any dwelling.

Describe: (Injuries, property, or damage) _____

_____

_____

In order to have a full account of the damage/ loss you recently suffered due to unlawful conduct, you need to provide a detailed outline of the damage/loss in the space below. Please attach copies of bills or estimates if possible. Restitution cannot be ordered by the court without your written statement.

List your damaged/loss item **Value of item**

_____

_____

_____

_____

_____

_____

_____

_____

_____

Dollar value of loss (If applicable): _____

Insurance Company _____ If the item(s) damaged/stolen are insured.

_____ (Reviewing & Witness Officer)

Does Statement Continue on next page? YES or NO

_____ (Signature of Statement Writer)

Rev 10/13

Elk Mound Police Department Voluntary Statement

CASE # _____

E206 E Menomonie St PO Box 188, Elk Mound WI 54739 - Phone / Fax (715)879-4411

(Please Print)

Page _____ of _____

Name _____ Date of Birth ____/ ____/ ____ Age _____

Print – (First) (Middle Initial) (Last)

Street Address: _____ Home Phone #: _____

(Fire or Street number and name) (City, Town, Village)

Mailing Address: _____ Work or Cell Phone #: _____

(If different from above) (Include Zip Code)

This Voluntary Statement was given by the above listed person while at

_____ on ____/ ____/ ____ at _____ am/pm.

(location) (date) (time)

_____

(Reviewing & Witness Officer) Page___of____ (Signature of Statement Writer)

Rev. 09/10/13