



Gold Beach Police Department
29592 Ellensburg Avenue
Gold Beach, OR 97444
Phone: 541-247-6671 Fax 541-247-9681

Voluntary Statement Form

Date and Time of Complaint: \_\_\_\_\_

Victim/Complainant Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Street & Number City State Zip Code

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
(for financial crimes only)

Vehicle Identification: \_\_\_\_\_
License Plate Make/Model Year Color

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Suspect Information: (Name) \_\_\_\_\_

Vehicle Identification: \_\_\_\_\_
License Plate Make/Model Year Color

Witness Information: (Name) \_\_\_\_\_ Phone #: \_\_\_\_\_

Summary of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_