

**Bureau of Indian Affairs – Trespass Investigation VOLUNTARY STATEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT Name** | **DATE OF INCIDENT** | | | **DATE OF STATEMENT** | | | | | | **TIME** | |
| **MM** | **DD** | **YYYY** | **MM** | | **DD** | | **YYYY** | |
| NAME (LAST, FIRST, MI) | | | | | AGE | | SEX | | LOCATION OF STATEMENT: | | |
| ADDRESS (NO., STREET, CITY, STATE, ZIP) | | | | | | | | | | | PHONE NO. |
| INCIDENT LOCATION | | | | | | | | | | | INVESTIGATOR TAKING STATEMENT |
| I, do make this voluntary statement of the facts and circumstances known to me concerning the above named incident. This information is given of my own free will to , of the Bureau of Indian Affairs, for whatever purpose it might serve.  I have, read or had read, to me the forgoing statement consisting of pages, handwritten by  . It is true to the best of my belief and knowledge. | | | | | | | | | | | |
| INVESTIGATOR’S SIGNATURE | | | | | | | | SIGNATURE OF Statement | | | |
| CONTINUATION PAGE: YES NO | | | | | | | | WITNESS SIGNATURE | | | |
| WITNESS PRINTED NAME | | | |

Confidential/Protected Investigation Work Product

\*Not for Public Release or Distribution Outside of Jurisdiction

Bureau of Indian Affairs – Trespass Investigation

**Voluntary Statement**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT NAME** | **DATE OF INCIDENT** | | | **DATE OF STATEMENT** | | | | | | **TIME** |
| **MM** | **DD** | **YYYY** | **MM** | | **DD** | | **YYYY** | |
| NAME (LAST, FIRST, MI) | | | | | AGE | | SEX | | LOCATION OF STATEMENT: | |
| CONTINUATION PAGE of | | | | | | | | | | |
|  | | | | | | | | | | |
| INVESTIGATOR’S SIGNATURE | | | | | | | | SIGNATURE OF Statement | | |
|  | | | | | | | | WITNESS SIGNATURE | | |
| WITNESS PRINTED NAME | | |

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