



**WRITTEN STATEMENT**  
**Washoe County Sheriff's Office**  
**STATEMENT**



**FOR SHERIFF'S OFFICE USE ONLY:**  
CASE NO: \_\_\_\_\_  
CASE TYPE: \_\_\_\_\_  
TAKEN BY: \_\_\_\_\_

**PERSON MAKING STATEMENT**

NAME OF PERSON MAKING STATEMENT: \_\_\_\_\_ OTHER NAMES USED: \_\_\_\_\_

RESIDENCE (Street) ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SEC NO: \_\_\_\_\_  
 White  Indian  Male  
 Black  Asian  Female  
 Hispanic  Other

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYE S: \_\_\_\_\_  
FAX CELL/ PAGER: \_\_\_\_\_  
OTHER NO. TO CALL: \_\_\_\_\_

OCCUPATION / STUDENT: \_\_\_\_\_ WORK / SCHOOL ADDRESS: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_  
DAYS OFF:  M T W T F S S

INVOLVEMENT:  Driver  Complainant  Victim  Witness  
 Passenger  Witness

LOCATION OF OCCURRENCE: \_\_\_\_\_  
 AUTO  MOTORCYCLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
 TRUCK  OTHER \_\_\_\_\_

LICENSE NO/REGISTRATION STATE YEAR VEHICLE COLOR(S)  
IDENTIFYING FEATURES/ACCESSORIES \_\_\_\_\_ ODOMETER READING \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

**Stolen Vehicle Waiver**

Know all persons by those presents: That I \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officer of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada, from any claim action, demand dues, sums of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity, I ever had or now have of which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officers, for, upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have day made. I understand that I am liable for all towing and storage charges incurred during recovery of this vehicle.

SIGNATURE OF OWNER / AGENT

**CONSENT TO RELEASE MEDICAL RECORDS**

I \_\_\_\_\_ do hereby knowingly and voluntarily authorize \_\_\_\_\_ or any Detective of the Washoe County Sheriff's Office to request and obtain any and all medical treatment records from \_\_\_\_\_ for \_\_\_\_\_

Start Date \_\_\_\_\_ to \_\_\_\_\_ End Date \_\_\_\_\_  
Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

The purpose of this request concerns an investigation involving the person subject to the medical record inquiry. I realize I have the right to refuse this request.

Signature of Person Authorizing \_\_\_\_\_ Signature of Witness \_\_\_\_\_

**WRITTEN STATEMENT**

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DATE & TIME OF STATEMENT: Date \_\_\_\_\_ Time \_\_\_\_\_ SIGNATURE OF PERSON MAKING THIS STATEMENT: **X** \_\_\_\_\_

WRITTEN STATEMENT

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