FIRST PERSON STATEMENT

OSSEO POLICE DEPARTMENT MN0271600

DATE/TIME OF STATEMENT: **CASE #:**

NAMES INVOLVED

NAME (LAST, FIRST, MIDDLE)	V/RP/S	AGE	DOB

ADDRESS CITY STATE ZIP	HOME PHONE

EMPLOYER / ADDRESS CITY STATE ZIP	WORK PHONE

WARNING TO SUSPECTS

IF A SUSPECT IS DETAINED AND QUESTIONED, AN OFFICER MUST WARN HIM/HER AS FOLLOWS:
(CUSTODIAL INTERROGATION BEFORE, DURING AND AFTER THE READING OF RIGHTS MUST BE TAPE RECORDED IN MOST CIRCUMSTANCES.)
THE CONSTITUTION REQUIRES I INFORM YOU THAT:

1. **YOU HAVE THE RIGHT TO REMAIN SILENT.**
2. **ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN COURT.**
3. **YOU HAVE THE RIGHT TO TALK TO A LAWYER NOW AND HAVE A LAWYER PRESENT NOW OR AT ANY TIME DURING QUESTIONING.**
4. **IF YOU CAN NOT AFFORD A LAWYER, ONE WILL BE APPOINTED FOR YOU WITHOUT COST.**
5. **DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU?**
6. **DO YOU WISH TO TALK TO US AT THIS TIME?**

STATEMENT OF EVENTS

PAGE OF

I HAVE READ THE ABOVE AND UNDERSTAND IT.	SIGNATURE:
THE ABOVE VOLUNTARY STATEMENT IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.	**SIGNATURE:**

WITNESS	WITNESS	INVESTIGATING OFFCIER/ID #