



C.R.S.T. Law Enforcement  
 Department  
 P.O. Box 590  
 Eagle Butte S.D. 57625  
 Phone (605) 964-4567  
 Fax (605) 964-1023

**STATEMENT**

I, \_\_\_\_\_, being first duly sworn to oath, Affirm: that I am the Affiant in this case and that the statement below is True & Correct to the best of my knowledge and belief.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Date/Time**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Officer Receiving**

\_\_\_\_\_  
**Date**

*I hereby certify that the facts stated herein this statement are true and correct to the best of my knowledge and belief, are read of each page of this statement which consists of \_\_\_\_\_pages. Each page has my signature and initial's by any corrections.*