

STATEMENT

STATEMENT OF:

INCIDENT#

NAME: Sergeant Andrew L. Colborn #432

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BIRTH DATE: 03/14/59 AGE: 44

DATE: 09/12/03

ADDRESS: 1025 South 9th Street,

TIME: 1330 Hours

CITY: Manitowoc, STATE: WI

ZIP: 54220

PHONE: 920-683-4201

IF JUVENILE:

FATHER:

MOTHER:

In 1994 or 1995 I was working as a Corrections Officer in the Manitowoc County Jail. I recall receiving a telephone call in the Central Control area from an individual who identified himself as a detective employed by an agency outside the Manitowoc County area. This dective stated he had received information that a person they had in custody in their jurisdiction had been commenting that he had committed an assault in Manitowoc County and that someone else wwas in jail for it. As I had no knowledge of what case this detective was referring to, I supplied the dective with a telephone number to one of MISO's detectives. I do not specifically recall but I may have tried to transfer the call as well. I do not recall the dective mentioning any names to me.....

WITNESS:

SIGNATURE: *Sgt. Andrew L. Colborn*

WITNESS:

TIME: 1343 HRS

PLACE: _____

DATE: _____

TIME STARTED: _____

MIRANDA WARNING

- YOU HAVE THE RIGHT TO REMAIN SILENT
- ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- YOU HAVE THE RIGHT TO CONSULT WITH A LAWYER BEFORE QUESTIONING AND TO HAVE A LAWYER PRESENT WITH YOU DURING YOUR QUESTION
- IF YOU CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT YOU AT PUBLIC EXPENSE BEFORE OR DURING ANY QUESTIONING, IF YOU SO WISH.

WAIVER

- DO YOU UNDERSTAND EACH OF THESE RIGHTS?
- REALIZING THAT YOU HAVE THESE RIGHTS, ARE YOU NOW WILLING TO TALK WITH ME?

SIGNATURE: _____

WITNESS: _____

WITNESS: _____

TIME STOPPED: _____