CENTRAL LAKE POLICE DEPARTMENT VICTIM / WITNESS STATEMENT

INCIDENT INFORMATION

Incident #: _____ Incident Date: _____ / _____ / _____

Incident type: _____

Location of Incident: _____

STATEMENT INFORMATION

Statement Type: _____ Witness _____ Victim * Page _____ of _____

Name: _____ D.O.B. _____ / _____ / _____ Age: _____

Address: _____City: _____ State: _____

Phone #: _____ Alternate Phone #: _____

Describe Incident: (Please Print Clearly) _____

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Signature: _____ Date: ____ / ____ / ____ Time: ____ : ____ Am / Pm

* For additional space or diagram use back, or attach addition page

DIAGRAM

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