PUT-IN-BAY POLICE DEPARTMENT

P.O. BOX 268 PUT-IN-BAY, OH 43456
PHONE: 419-285-4121 FAX: 419-285-2515
www.put-in-baypolice.org

WITNESS STATEMENT FORM

Please Print Clearly

Do Not Write on the Back of This Form

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: _____ **Social Security #:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: (_____)_____ **2nd Phone #:** (_____)_____ **Email:** _____@_____

I certify that I have made the above statement of my own free will and without duress. I fully understand that I am not required to make a statement and by making this statement, I do so understanding it can and will be used in court as evidence. I am aware that there are criminal penalties, up to and including prosecution, if this statement is made to deceive or obstruct the due process of law.

Signature: _____ **Date:** _____ **Page:** _____ **of** _____

FOR OFFICIAL USE

Officer Receiving Statement: _____ **Report #:** _____

Relation to Incident: **Suspect** **Victim** **Witness** **Witness (Impartial)** **Other:** _____

Notes: _____