KALISPELL POLICE DEPARTMENT
WITNESS STATEMENT

Incident #_____

Officer _____

Date: _____ Time: _____ Place: _____

Last Name _____ First _____ M.I._____

Date of Birth _____ SS # _____

Home Address _____ Phone _____

Employer _____ Phone _____

I do hereby make the following statement to Officer _____ of the Kalispell Police Department.

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I have read this statement, consisting of _____ page(s) and the facts contained therein are correct to the best of my knowledge.

_____
Signature

Signature witnessed by:

_____
Date & Time received by KPD

_____

_____

Continuation

Initials_____