WILLARD POLICE DEPARTMENT

Witness / Victim Voluntary Statement Form

Today's date:	Time:	Page:
Location when writing sta	tement:	
Name:		
	Date of Birth:	
Please write in detail eve	rything that happened on	
	[use additional pages if necessary]	
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Signature:	Witnes	S:

WILLARD POLICE DEPARTMENT Witness / Victim Voluntary Statement Form

Today's date:	Time:	Page:
Location when writing sta	tement:	
Name:		
Telephone:	Date of Birth:	SSN:
Please write in detail eve	rything that happened on	
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