COLLINSVILLE POLICE DEPARTMENT

1023 West Center Street
Collinsville, Oklahoma 74021

"To Protect and To Serve"

WITNESS STATEMENT

Last Name, First MI	Reported Prepared	Month	Day	Year	Weekday	Time

Date of Birth	Driver's License #	Employer

Home Address	Home/ Cell Phone	Work Phone	Case #

Location of Incident	Date and Time of Incident

I hereby voluntarily and of my own free will make this statement without having been subjected to any coercion, unlawful influence, unlawful inducement. I swear (or affirm) I have read this statement and it is true and correct to the best of my knowledge

Signature	Interviewing Officer	
Location	Date	Time