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FERNDALE POLICE DEPARTMENT

WITNESS STATEMENT

Of →

Please print all information clearly
And sign at the bottom of the form.

Incident Number:**Classification:****Full Name:****Date:****Time:****Address:****Date of Birth:****City:****Zip Code****Sex:****Race:****Drivers License Number:****Home Telephone:****Work Telephone:****Cell phone or Pager:**

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Signature: X**Officer accepting Statement:**

WITNESS STATEMENT Second or Subsequent Page	FERNDALE POLICE DEPARTMENT	INCIDENT NUMBER: _____ Page Number: _____
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Signature: X		Officer accepting Statement:
Date:		