

**URI POLICE DEPARTMENT
WITNESS STATEMENT**

DATE: _____ TIME: _____ PLACE: _____

NAME: _____ D.O.B. _____

ADDRESS 1: _____

ADDRESS 2: _____

PHONE 1: _____ PHONE 2: _____

OCCUPATION: _____

I, _____, voluntarily, and without threats or promises,
make the following statements:

SIGNATURE: _____

Statement Taken By: _____

Witness: _____

Witness: _____

CASE #

CONTINUATION

SIGNATURE: _____

Statement Taken By _____

CASE #

Witness: _____

Witness: _____

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