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Chief: Mark R. Kelly

VICTIM / WITNESS STATEMENT FORM

DATE:	TIME:	LOCATION:
		
BEST OF MY KN SUBJECT TO TH	OWLEDGE OR THE I E PENALTIES OF SE	RTH IN THIS STATEMENT ARE TRUE AND CORRECT TO THE INFORMATION AND BELIEF, THIS VERIFICATION IS MADE CTION 4901 OF THE PENNSYLVANIA CRIME CODE (18 PACS, SIFICATION TO AUTHORITIES.
IGNATURE:		DATE: