

www.skiatookpolice.gov



220 S. Broadway St. • Skiatook, Oklahoma • 74070

[illegible]

SUSPECT <input type="checkbox"/>	VICTIM <input type="checkbox"/>	RPT. PERSON <input type="checkbox"/>	WITNESS <input type="checkbox"/>	OTHER <input type="checkbox"/>
TYPE OF INCIDENT/OFFENSE:	LOCATION/ADDRESS:			
OFFICER & BADGE #	DATE:	Time:	PAGE __ OF ____	CASE #

Phone: (918) 396-2424
Fax: (918) 396-3477



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CASE # _____

STATEMENT OF WITNESS (CONTINUED)

PAGE ____ OF ____

THIS IS MY VOLUNTARY STATEMENT.

IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____