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



Skiatook Police Department

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

www.cityofskiatook.com

STATEMENT OF WITNESS

NAME:	AD	ADDRESS:						
HOME PHONE:	CELL PHONE:		DATE OF BIRTH:					
DRIVER'S LICENSE #	EMPLOYERS NA	ME:	EMPLOYERS ADDRESS:					
SSN (OPTIONAL)	E-MAIL ADDRES	SS	EMPLOYERS PHONE:					
(On this Date at Approximate Time)								
THIS IS MY VOLUNTARY STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE:								
SUSPECT VICTIM	RPT. PE	RSON WITNE	SS OTHER					
TYPE OF INCIDENT/OFFENSE: LOCATION/ADDRESS:								

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OFFICER & BADGE #	DATE:	TIME:	PAGE OF	CASE#				
CASE #	STA	TEMENT OF WITNESS	(CONTINUED)	PAGE OF				
THIS IS MY VOLUNTARY STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. <u>SIGNATURE:</u>								