

POWELL POLICE DEPARTMENT

250 N. Clark Street, Powell, WY 82435 | (307) 754-2212

Voluntary Witness Statement

Case # _____

Name:	Age:	Date of Birth:
Address:		Phone:
Statement Completed Date:	Time:	Place:

Where and when did this incident happen?

Who was involved? (Include names and addresses if known)

What happened?

I have read this statement consisting of _____ page(s) and the facts contained therein are true and accurate to the best of my knowledge.

Signature

Page _____ of _____

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