



# Frazzysburg Police Department

7 W. 2<sup>nd</sup> Street P.O. Box 160 Frazzysburg, Ohio 43822 (740) 828-2911 Fax (740) 828-2913  
Eliasha Bourne, Chief of Police

## WITNESS STATEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Best Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

*\* Please describe in detail what happened and whenever possible: use full names of parties involved and what they did, dates, times, what was said, colors of clothing, locations the events happened, and where on the body and how severe any injuries were. When mentioning vehicles, if possible, try to include approximate years, makes, models, full or partial license plate numbers and what state, which direction the vehicle went, etc.*

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I certify, to the best of my knowledge, that all the above information I have voluntarily provided is true and accurate. \* Please be sure you have filled out all information at the top (except the case number), as this is required for an incident report. Please use additional forms if more space is needed.

Your printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Witness printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Officer: \_\_\_\_\_ Badge No. \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESS STATEMENT CONTINUED**

Lined area for writing the witness statement.

I certify, to the best of my knowledge, that all the above information I have voluntarily provided is true and accurate.

Your printed name: \_\_\_\_\_

Date: \_\_\_\_\_