

WITNESS STATEMENT

Elma Police Department
124 N 3rd / POB 3011, Elma, WA 98541
Emergency Dial 911 · Office (360) 482-3131 · Fax (360) 482-3717

Dated	Time	Officer Tak	Officer Taking Statement			Law Incident #	Page	Page	
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Statement	t of:						T =		
Last Name			First Name M		Midd	ddle Date of B			
Address (Include	e PO Box)								
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City			State	Zip	Hom	ne Phone	Work Phone		
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I certify und and correct	der the penalt t.	y of perjury	under the	laws of the	State	of Washington	that the forego	oing is true	
X				,	X				
^	Signature		Date			Signature of Officer		Date Form Revised 05/05	