Mentor-on-the-Lake Police Department

Case No.:

Victim / Witness Statement		Page: of
Name: (Print)	DOB:	
Address:		State:
Home Phone #:		
Type of Incident / Crime :		
SIGNATURE :	OFFICER'S SIGNATURE :	
DATE:	OFFICER'S NAME (Print):	

DATE:

Case No.: Page _____ of ____ Name: (Print) <u>Date</u>: <u>Signature</u>:

STATEMENT Continuation Page