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URBANA POLICE DIVISION

205 South Main Street Urbana, Ohio 43078

STATEMENT

Name		Phone Number	Incident Number			
Address						
Date of Birth	Social Security Number	Where Statement is Made				
Instructionsbe specific on names, dates, and time of events. Include all facts and details. Include how you received the information; for example, "I saw, or I heard". If part of your statement is crossed out, place your initials next to the correction. Be aware that you may be prosecuted for knowingly making a false statement						

The information in this statement is true and accurate to the best of my knowledge.							
Signature		Witness					
Date	Time		Page	of			
Please Return This Statement To:			<u> </u>				