FARMINGTON POLICE DEPARTMENT WITNESS STATEMENT

Statement of:		Case Name:
Date of Birth:	Social Security:	Case Number:
Address:		ALLES TO THE TOTAL CONTROL OF THE PARTY OF T
Telephone:		
Work Phone:		
Date:		
		, do make the following statement to a law enforcement officer
Statement:		FARMINGTON POLICE
Pageof		Signed:

__ Witnessed by: _____

Officer's name: