## WOODMERE POLICE DEPARTMENT

## STATEMENT FORM

REPORT NUMBER	INCIDENT TYPE	ENT TYPE TIME [ ] AM DATE		DATE
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NAME (PRINTED)		DOB	T s	OCIAL SECURITY NUMBER
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CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
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то		AT		
(or	FFICER'S NAME)		(LOCATION)	
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Do you swear or affirm	n that the document you are	signing is true to t	the best of your	knowledge? Y N
WITNESS SIGNATURE				
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OFFICER'S SIGNATURE	DATE /	/ WITNESS OFFICE	CR'S SIGNATURE	DATE / /
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you swear or affirm that t	he document von are si	gning is true to the best of your kr		
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FICER'S SIGNATURE	TIME	STAMP	Sept.	
SIGNATURE	DATE / /	WITNESS OFFICER'S SIGNATURE		
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