**Witness Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB:** | **Phone:** | **Email:** |
| **Physical Address:** | **City:** | **State:** | **Zip:** |
| **Mailing Address:** | **City:** | **State:** | **Zip:** |

**Suspects Information**

|  |  |  |
| --- | --- | --- |
| [ ]  **Known** [ ]  **Unknown** | **Name (if known):** | **Age:** [ ]  **Approximate** [ ]  **Actual**  |
| **Height:**  | **Weight:** | **Hair Color:**  | **Hair Length:**  | **Eye Color:** |
| **Clothing Description (shirt, pants, hat, coat, etc.):**  |

**Statement of Events**

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[ ] I understand that I have the right to pursue charges in reference to this case/incident and as such I DECLINE to pursue any charges in reference to this case/incident. Furthermore, I agree to release the Snowflake-Taylor Police Department, Town of Snowflake, Town of Taylor, its employees, agents, and representatives from any and all liability that results in the investigation and finding in this case/incident.

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Witness Signature Date

**Statement of Events**

(condinued)

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