

ORMOND BEACH POLICE DEPARTMENT
 170 WEST GRANADA BLVD.
 ORMOND BEACH, FLORIDA 32174
 (386)677-0731

STATEMENT

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME# _____ CELL# _____ WORK# _____

STATEMENT MADE AT _____ DATE _____ TIME _____

EMAIL _____ EMPLOYMENT _____

I do hereby make the following sworn statement regarding the crime I was a victim of/witness to. I understand that it is a criminal violation to make a sworn statement that contains false information and that I could be criminally charged for doing so. I swear the following information is the truth to the best of my knowledge. INITIALS _____

STATEMENT MADE BY _____ CASE # _____

SWORN TO AND SUBSCRIBED BEFORE ME
 THIS _____ DAY OF _____ 20____

 NOTARY PUBLIC STATE OF FLORIDA AT
 LARGE (OR LAW ENFORCEMENT OFFICER)
 PER FSS 117.10

CONTINUED PAGE _____ STATEMENT OF _____

Sworn to and subscribed before

Me this _____ day of _____ 20____

SIGNED _____
(PERSON MAKING STATEMENT)

SIGNED _____
(LAW ENFORCEMENT OFFICER)