FIRST PERSON STATEMENT - CONTINUATION

OSSEO POLICE DEPARTMENT MN0271600

DATE/TIME OF STATEMENT: **CASE #:**

NAMES INVOLVED

NAME (LAST, FIRST, MIDDLE)	V/RP/S	AGE	DOB

STATEMENT OF EVENTS

PAGE OF

I HAVE READ THE ABOVE AND UNDERSTAND IT.	SIGNATURE:
THE ABOVE VOLUNTARY STATEMENT IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.	**SIGNATURE:**

WITNESS	WITNESS	INVESTIGATING OFFCIER/ID #