Nez Perce Tribal Police Department Witness Statement	

Date: _____ Time: _____am/pm Incident #_____

Type of Incident: _____

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Tribe: _____ Enrollment # _____

Telephone: _____ Other: _____

Location of Incident: _____

Please describe what you saw, heard, or know of this incident:

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Signature of Witness_____ Date:_____

Officer 1 & Date: _____ Date: _____

Officer 2 & Date: _____ Date: _____

Officer 3 & Date: _____ Date: _____

Page _____ of _____ Pages