



# Boundary County Sheriff's Office

P.O. Box 127 \* 6438 Kootenai St \* Bonners Ferry, Idaho 83805

(208)267-3151 \* (208)267-3154 (fax)

## Witness Statement Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Witness Statement Form – additional pages

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- Please make sure primary page is signed and dated before turning in this statement form.