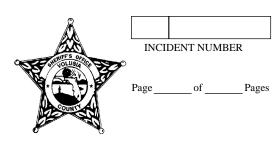
Volusia County Sheriff's Office

Michael J. Chitwood, Sheriff

WITNESS STATEMENT



INCIDENT TYPE				NAME OF PERSON SIGNING		
ADDRESS						
AGE	BIRTH DATE HOME PHONE		EMPLOYED AT / SCHOOL ATTENDS			
STATEMENT TAKEN AT		DATE	TIME		READ RIGHTS () YES () NO X(INITIALS)	
I,, do hereby, freely and voluntarily, make the following statement:						
I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT		CT.	SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF,			
SIGNATURE				NOTADA	PUBLIC / LAW ENFORCEMENT OFFICER	