HENDERSON POLICE DEPARTMENT

WITNESS STATEMENT

HPD 0155

PAGE ____ OF ____

DR# _____

STATE OF NEVADA)
)
COUNTY OF CLARK)

SS: HENDERSON

DATE: _____

TIME: _____

I, _____, date of birth _____

Social Security Number _____ Occupation _____

Home Address _____, Email Address _____

Business Address _____

Phone #'s: (H) _____ (W) _____ (C) _____

do hereby make the following true statements to: _____
of the Henderson Police Department, of my own free will. There have been no threats, or promises of immunity or reward made to me to make this statement. It is further understood that this statement may be used either wholly or in part as evidence in a Court of Law.
I can read this and write the English language.

_____ _____

Officer Witness Signature

Information collected per NRS 179A.075.