BRYAN POLICE DEPARTMENT
WITNESS STATEMENT FORM

Date: _____ Case number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alternate phone number: _____

DOB: _____

I certify that the facts in this statement are true and correct. I further certify that I have read this statement and that I agree the facts of this statement to be accurate:

Witness signature: _____ Page ____ of ____
Officer: _____