

**Greendale Police Department
480 Ludlow Street
Greendale, IN 47025-1533**

WITNESS STATEMENT

Date _____ Page # _____

WITNESS NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ BUS. PHONE _____

DATE OF BIRTH _____ SSN: _____

STATEMENT: _____

Signature _____