STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY

STATEMENT OF WITNESS

MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	SHEET OF SHEETS ADMINISTRATIVE

TO BE COMPLETED BY WITNESS (PLEASE PRINT) NAME OF WITNESS LAST	FIRST	MIDDLE INITIAL	HOME PHONE	DATE OF BIRTH
HOME ADDRESS	CITY, STATE, & ZIP	BUSINESS ADDRESS	CITY, STATE, & ZIP	BUSINESS PHONE

I _____ DO HEREBY MAKE THE FOLLOWING STATEMENT
(PLEASE WRITE LEGAL SIGNATURE)

OF MY OWN FREE WILL AND ACCORD CONCERNING _____

WHICH OCCURRED *(LOCATION)* _____

ON THE _____ DAY OF _____ 19____ TIME _____ A.M. OR P.M.

STATEMENT DATE:

STATEMENT: **(WITNESS MUST SIGN AT END OF STATEMENT)**

(OFFICER'S RANK & NAME)	(BADGE NUMBER)	TROOP OR DIVISION

DPS: 0192-05