WITNESS STATEMENT
DESOTO POLICE DEPARTMENT
329 ELM ST. DESOTO, IA 50069

Name:_____

Address:_____

City/State/Zip:_____

Phone (Home):_____ **Phone (Cell):**_____

D.O.B.:_____ **Driver's License #/SSN:**_____

Employer:_____

Employer Address:_____

Employer Phone Number:_____

Case Number:_____

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Date:_____ **Signature:**_____

Witness:_____