POLICE DEPARTMENT – CITY OF WILLOUGHBY, OHIO

Complaint Number

- STATEMENT -

Page			Date	Time
Name	Date of Birth	Sex	Race	Social Security Number
Address	City		State	Zip Code
Home Telephone	Work Telephone (Ext)		Cell Phone	
I, the above named, make the following sta	atement on the above-	date and tim	ne, concerning:	
of my own free will and accord, without as special consideration to be shown me by a understand and agree that this statement m	ny persons and having	g been fully	advised of all my o	constitutional rights, I
_				
_				
Witness		_ Si	gned	
Witness				