



Witness Statement



Statement of: _____ Date: _____ Time: _____ AM PM
Name of witness

Your address: _____

City

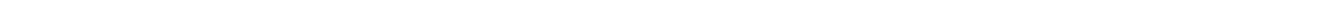
State

Zip

Phone: (_____) _____ Other: (_____) _____

Your age: _____ Your Birth date: ____/____/____





I certify under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct	
_____ Signature	_____ Date