CHARLOTTETOWN POLICE SERVICES

OUR CITY • OUR COMMUNITY • OUR RESPONSIBILITY

WITNESS STATEMENT

Occurrence #	

Surname:	G1:	G2:	
Re:	**Statement Date:**	**Time Started:**	**Time Finished:**

"Please include a detailed account of the event (who, what, where, when, why and how), and where applicable, a description of all involved persons and vehicles".

Investigator Signature: **Witness Signature:**

"It is unlawful to knowingly make a false report to police".

STATEMENT CONTINUED ON NEXT PAGE: ☐ **Yes** ☐ **No** **Time:**