

OXFORD COUNTY SHERIFF'S OFFICE WITNESS STATEMENT

STATEMENT OF:	DOB:	AGE:
PHYSICAL ADDRESS:	MAILING ADDRESS	:TOWN:
HOME PHONE:	WORK PHONE:	CELL PHONE:
I,Sheriff regarding a possible crir punishable as a class "D" crime, ι	, make the following to minal matter. I understand that a under Title 17-A, Maine Revised St	rue statement to an Oxford County Deput iny false statement made below may be atutes, Section 453.
	STATEMENT	
<u>Para Baraha.</u> Managan bahara		
Turk		
INVESTIGATING DEPUTY:	OCSO	CASE NUMBER:
WITNESS SIGNATURE:X	DATE	:/TIME:

PAGE_

OF

Revised 1/07