Case Number

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT STATEMENT OF WITNESS

Pg	of
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Date (mm/dd/yyyy)	Country				A desiminate of the
Sate (Illindaryyyy)	County				Administrative
To Be Last Name	Firs	t	Middle Name	Suffix	Date of Birth (mm/dd/yyyy)
Completed					
By Witness]
Address		City	State Zip	Telephone	e (Use Area Code)
Legal Signature					
Logar orginatore					
I				do hereby mak	te the following statement of my own
free will and accord concerning					
which occurred (Location)					
Date (mm/dd/yyyy)	Time	1		Date (mm/dd/yyyy)	Time
on			This statement was written on		
Officer's rank and name				Troop or division	