



**Ephraim**  
RICH IN HERITAGE. INVESTED IN THE FUTURE.  
**Ephraim City Police Department**  
 5 South Main  
 Ephraim, UT 84627  
 Phone: (435)283-4602  
 Fax: (435)283-5841



CASE #: \_\_\_\_\_

# WITNESS STATEMENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License: # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Type of Incident: \_\_\_\_\_ Date/ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date/Time of Statement: \_\_\_\_\_

PLEASE DESCRIBE WHAT YOU SAW, HEARD, OR KNOW OF THIS INCIDENT:

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**Notice:** You are notified that statements you are about to make may be presented to a magistrate or judge in lieu of your sworn testimony at a preliminary examination. Pursuant to Utah Code Annotated 76-8-504 and Utah Code Annotated 76-8-506, it is a crime to knowingly provide false information in this statement. By my signature below, I certify that this statement is true, accurate, and complete, to the best of my knowledge:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

