WITNESS STATEMENT City of Elyria Prosecutor's Office

Today's Date: City State Your Name Address Relationship to Complainant/Victim Phone No. Name of Complainant/Victim City **Address** State Date and Time of Incident **Location of Incident** City State Name of Suspect Address Relationship to Suspect DETAILED STATEMENT OF WHAT YOU OBSERVED: _ I do hereby declare the above statement is being made to the Elyria Prosecutor's Office, and I acknowledge I have made the above statement truthfully, in good faith, and declare the truth of the above statement, knowing that a false statement made by me is subject to criminal prosecution. I also understand, if I am subpoenaed to testify as the result of criminal charged being filed against the suspect, I have an obligation to testify, and if I fail to appear, I may be held in Contempt of Court. Signature