OSSEO POLICE DEPARTMENT
415 Central Ave Osseo, Minnesota 55369
Ph: 763-424-5444 Fax: 763-424-4616

FIRST PERSON STATEMENT- CONTINUATION

Date	Time	Case Number	NCIC Identifier
			MN0271600

Person Involved			
Name (First Middle Last)		Date of Birth	Age
Address (City, State, Zip)		Home Phone	
Employer / Address (City, State, Zip)		Work Phone	

STATEMENT OF EVENTS

I have read the above and understand it. The above voluntary statement is true and correct to the best of my knowledge.

Signature: X_____