

Department of Public Safety - Ruston, Major	STATEMENT
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<b>Victim</b>		<b>Witness</b>	X	DATE\TIME	CASE NO.
TAKEN BY					SERIAL
STATEMENT OF Robin Luntlebunk					AGE
ALIAS					
ADDRESS				ZIP	PHONE
DATE AND PLACE OF BIRTH					
OCCUPATION AND EMPLOYER					BUSINESS PHONE

ENTER STATEMENT BELOW

Can't be found.  
*R.T.*

I declare, under penalty of perjury under the laws of the State of Major, that the statement above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature