

Department of Public Safety - Ruston, Major	STATEMENT
--	------------------

Victim		Witness	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	

<p style="margin: 0;">ENTER STATEMENT BELOW</p> <p style="margin: 0; text-align: center;">Can't be found.</p> <p style="margin: 0; text-align: center;"><i>R.T.</i></p>

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