



VOLUNTARY WITNESS STATEMENT FORM
CLARK COUNTY PUBLIC RESPONSE OFFICE
2911 E SUNSET RD, LAS VEGAS, NV 89120
Phone: 702-455-4191 – Fax: 702-455-2080
PublicResponseInfo@clarkcountynv.gov

CASE NUMBER:

12345

OFFICER:

CJ

CE#:

DATE OF INCIDENT:

December

NATURE OF INCIDENT - INCLUDE ADDRESS OR LOCATION

2896 S Las Vegas Blvd, Las Vegas, NV 89109

I saw Mr. Tony. I saw his face on the local news and had to come here. I have no doubt he did it. He seemed to be very erratic and aggressive when he entered my place of business. I am not too sure of the time, but I have to guess it was between 8:15 to 8:30. I'm just so relieved he did not have his gun with him at the time! Who know what he could have done.

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WITNESS NAME:

Ronald M.

DATE OF BIRTH:

NA

ADDRESS:

NA

PHONE NUMBER:

NA

WITNESS SIGNATURE:

Ronald M

DATE:

Your name, date of birth, address, and telephone number are requested in case additional information is needed or if you are needed for a court appearance pertaining to this case. If you would like to remain anonymous, please do not complete this form as we will not be able to use the information provided. If you provide your name or other personal information it may be disclosed, even if you request to remain anonymous. All information collected by this agency is made available to the public in accordance with the Public Records Act.