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 **Hamilton Police Service**
FOR OFFICIAL USE ONLY

OFFICER: _____ INCIDENT: _____
 BADGE#: _____

INCIDENT YY MM DD DATE: _____ ORIGINAL
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SUBJECT OF TAPE (i.e. ACCUSED, VICTIM OR WITNESS STATEMENT, YOUTH, KGN OR OTHER): _____

ACCUSED(S) SURNAME: _____ GIVEN NAMES: _____
 DOB YY MM DD: _____



 **HALTON REGIONAL POLICE SERVICE**





POLICE ORIGINAL
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FINALIZED

OTHER SPECIFY: _____

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 **Ottawa Police Service**

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