



STATEMENTS  
DÉCLARATION

X OCC YEAR #  
R PON  
E OCC YEAR #  
F PON

CITY/TWP  
YEAR  
CASE # NO INCIDENT  
335667

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CW  Civilian Witness  
TC  Tamain chv  
SS  Statement Summary (recorded statement summary)  
RD  Résumé de déclaration (résumé de déclaration enregistrée)

PW  Police will state  
DP  Déclaration policière

SURNAME: NOM: Shannon

SUBMITTED BY: Zoukouris #1469 CADRE:  
DATE SUBMITTED: 05.12.01

STATUS: (1)  FINAL  OPEN  
ETAPE: (1) FINALE OUVERT

DATE APPROVED:  SAME OR  
APPROUVÉE LE: MÊME DATE OU

AUDITING SUPERVISOR:  
SUPERVISEUR: DE CONTRÔLE

NO INVESTIGATIVE INDICATORS:  
AUCUN INDICATEUR DÉROGÉ:

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DATE: YYMMDD-AMMMU TIME STARTED: 05.12.01 08:36  
LOCATION STATEMENT TAKEN: #229 - Greenbank Str.

Q What did your cab driver say to you when you asked him what he knew the cab driver involved with this incident?

A He knew cab driver involved and it did not surprise him that this had happened to him. Stated that he figured his driving would eventually hurt someone.

~~\_\_\_\_\_~~

Q Can you describe the cab driver (your)?

A Male -> possibly middle eastern. Accent. Dark jacket (navy blue) between 5'7 - 6'2 in height. Spoke english. Told me he had Angina. Cab fare was either \$12.00 or \$13.00

SIGNATURE OF PERSON MAKING STATEMENT: [Signature]  
TIME FINISHED: 09.27

INTERNAL USE ONLY - UTILIZATION INTERNE SEULEMENT

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FOLLOW UP OFFICER: <input type="checkbox"/> SAME OR	CADRE #:	SECT.:	UNIT:	DIARY DATE: <input type="checkbox"/> 7 DAYS <input type="checkbox"/> 21 DAYS <input type="checkbox"/> 90 DAYS _____ DAYS	ASSIGNED BY: _____ CADRE#:
					CAPACITY: 1 <input type="checkbox"/> INVESTIGATE 2 <input type="checkbox"/> LEAD INVESTIGATOR
					CAPACITY: 1 <input type="checkbox"/> INVESTIGATE 2 <input type="checkbox"/> LEAD INVESTIGATOR

NOTIFIED FORENSIC IDENT. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PROPERTY FORWARDED:  YES  NO

PROPERTY RETURNED:  YES  NO

PROPERTY DESTROYED:  YES  NO

PROPERTY ALREADY DESTROYED:  YES  NO

COPY OF THIS REPORT TO BE SENT TO: \_\_\_\_\_

IN - STATEMENTS

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H/