





















GALLIA COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT

STATEMENT STARTED: _____ YEARS OF AGE: BORN ON: _____
DO HEREBY MAKE THE FOLLOWING STATEMENT TO: _____
LOCATION: _____ (A.M. P.M. Hours) OF _____
PHONE: _____
DEPUTY: K.D. WINTER, 22-80

Copy to [illegible]

to the Gallia

DUPLICATE

Gallia County Sheriff's Office
KARSON ROAD & GAGE LUNAWAY
BOWLING GREEN, OH 43404
1000-2003
1000-2003 @ 1130

Case # _____
Date received _____
Time received _____
Date served _____
Time served _____
Served to _____
Mileage x 2 _____
Deputy Sheriff _____
Gallia County, Ohio

Special Instructions _____
Attorney _____
Date _____
Time _____
Place _____
Remarks _____
Mileage _____
Deputy Sheriff _____
Gallia County, Ohio





SETINA

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SHERIFF'S OFFICE







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JYK 7720



4 03 JYK7720
OHIO
3-24
EXPIRES ON MAR 19







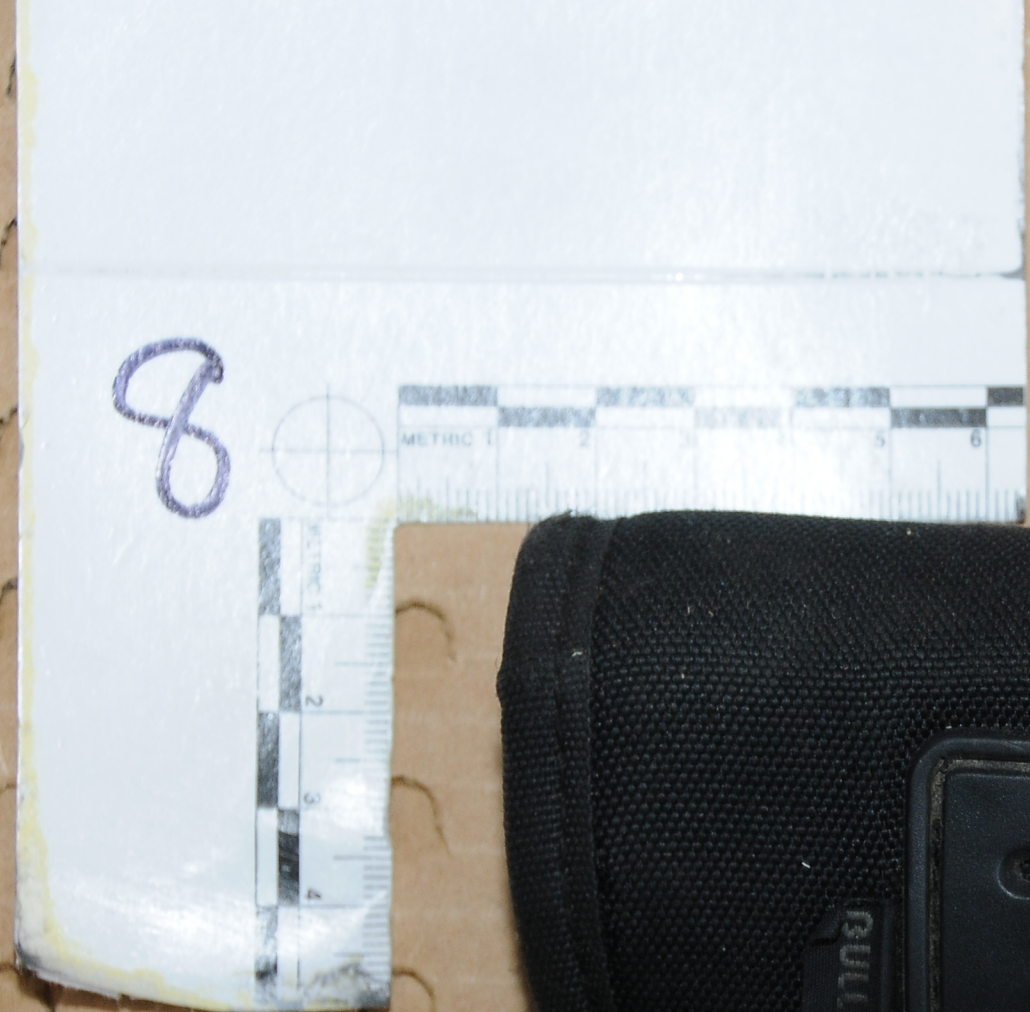




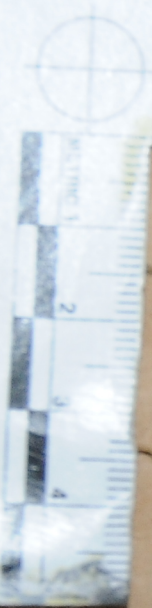




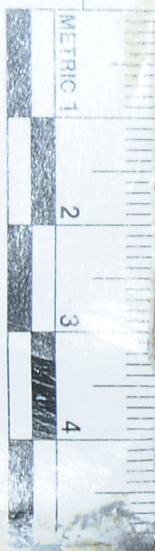




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