SHERIFF
LINCOLN COUNTY, COLORADO

WRITTEN STATEMENT FORM

Page _____ of _____ Pages **Case No. _____**

PLEASE FILL IN ALL BOXES THAT APPLY:

FULL NAME: (LAST, FIRST, MIDDLE)			PERSON COMPLETEING STATEMENT IS THE: ☐ OFFICER ☐ WITNESS ☐ PERSON ADVISED ☐ VICTIM		
RESIDENCE STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	
HOME OR CELL PHONE NUMBER ( )	WORK OR SECONDARY PHONE NUMBER ( )	I.D. OR D.L. NUMBER & STATE		DATE OF BIRTH	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE	
OCCUPATION	E-MAIL ADDRESS	OFFICER		TIME HOURS	

SUMMARY OF STATEMENT:

I have read the foregoing statement and the facts contained therein are true to the best of my knowledge and belief. I do not maintain that it contains all of the facts or details of the incident.

____/____/____
Date

☐ **AM**
☐ **PM**

_____
Time Statement Completed

_____
Signature of Person Making Statement

SHERIFF
LINCOLN COUNTY, COLORADO

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Page _____ of _____ Pages **Case No. _____**

SUMMARY OF STATEMENT (CONTINUED):

I have read the foregoing statement and the facts contained therein are true to the best of my knowledge and belief. I do not maintain that it contains all of the facts or details of the incident, but only those facts about which I have been asked.

_____/_____/_____
Date

☐ AM
☐ PM

_____
Time Statement Completed

_____
Signature of Person Making Statement