



Sheriff Tom Nestor

Undersheriff Gordon D. Nall

SHERIFF

LINCOLN COUNTY, COLORADO

103 3rd Avenue / P.O. Box 10, Hugo, CO. 80821
 Phone: (719) 743-2426 Fax: (719) 743-2392

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:			
		<input type="checkbox"/> WITNESS <input type="checkbox"/> PERSON ADVISED <input type="checkbox"/> 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



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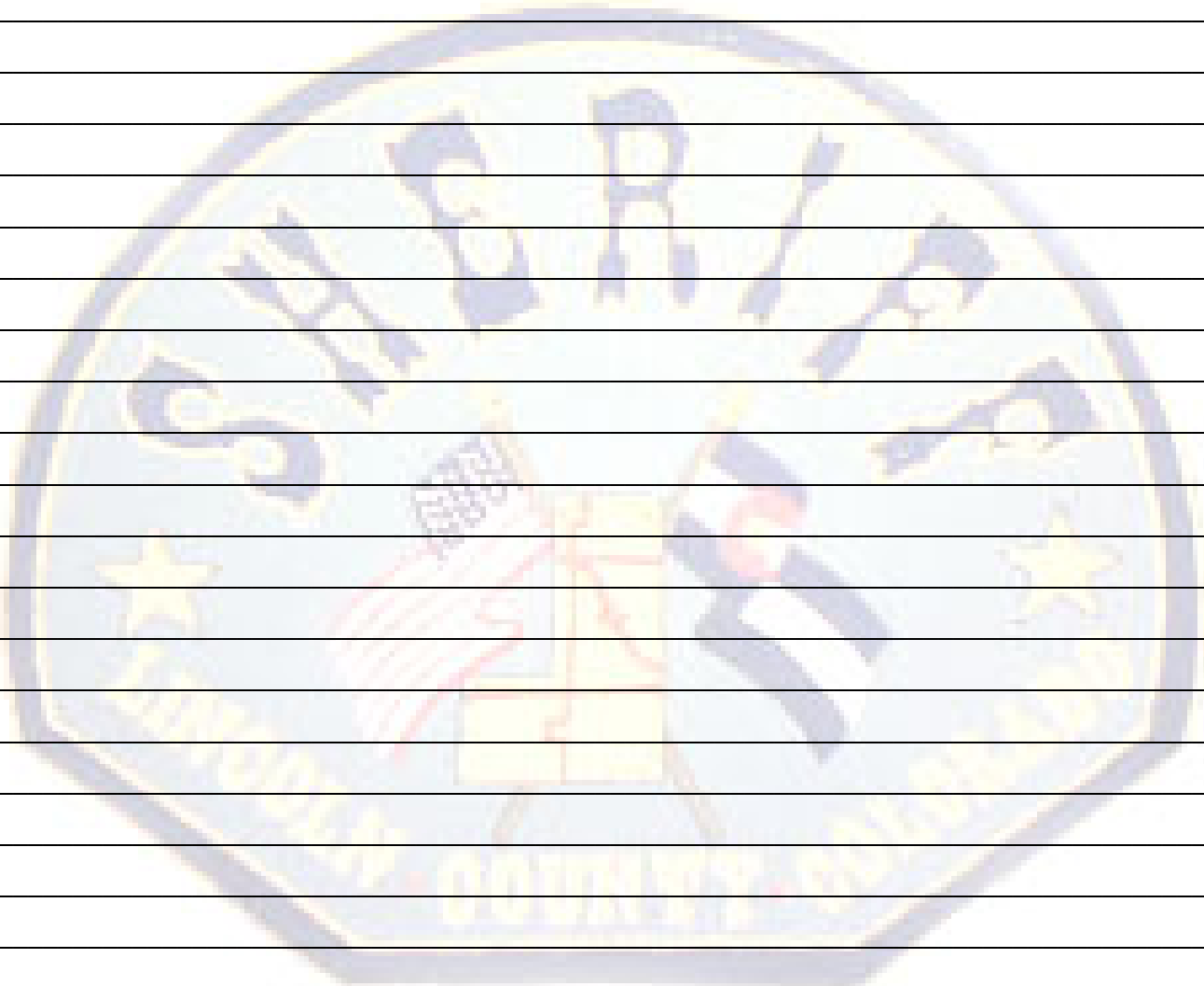
WRITTEN STATEMENT FORM

Page _____ of _____ Pages

Case No. _____

SUMMARY OF STATEMENT (CONTINUED):

Multiple horizontal lines for writing the summary of the 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