# EASTERN ADAMS REGIONAL POLICE DEPARTMENT
# VICTIM/WITNESS STATEMENT FORM

| INCIDENT # | | TIME | |
|---|---|---|---|
| DATE | | PLACE | |

I, the undersigned _____, am _____ years of age, having been born on _____/_____/_____ at _____. I now live at _____.

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify, under penalty of law, that the facts contained herein are true and correct.

Print Name _____ Signature _____

Officer Name _____ Signature _____

Witness Name _____ Signature _____