

PLATTEVILLE POLICE DEPARTMENT

400 Grand Avenue Platteville, Colorado 80651 970.785.2215 • 970.785.2476 (f)

STATEMENT

			Case Number:	
Full Name:				
Driver's License #:				
Social Security #:		Hair	Color: Ey	re Color:
Address:			Phone Number:	
Statement of:	□ Driver □ N	Witness	□ Victim	□ Complainant
"I certify that all the in that any false statement voluntarily and without f	ts or misrepresentation	on is a crimin	nal offense. I mad	de this statement
Signed:		Date	e: I	!ime:
Witness:		Date	e: I	?ime: