



RED ROCKS POLICE DEPARTMENT
13300 WEST 6TH AVE, LAKEWOOD, CO 80228
303-914-6394



STATEMENT FORM

OFFENSE: _____

CASE NUMBER: _____ DATE OF REPORT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

VEHICLE DESCRIPTION

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ LICENSE PLATE: _____

PLEASE PRINT CLEARLY:

The above statement and facts contained therein are accurate, true and complete. Colorado Revised Statute 18-8-111, provides that making a false statement to a law authority is a crime.

SIGNATURE: _____ **DATE:** _____

OFFICER SIGNATURE: _____ **BADGE #:** _____

