

AURARIA CAMPUS POLICE DEPARTMENT STATEMENT

Page ____ of ____

DPD Case No. _____

ACPS Case No. _____

Name (Last, First Middle Initial)		<input type="checkbox"/> AHEC	<input type="checkbox"/> Metro State	<input type="checkbox"/> Faculty/Staff
		<input type="checkbox"/> UCD	<input type="checkbox"/> CCD	<input type="checkbox"/> Other
Residence Street Address		City	State	Zip Code
Residence Phone	Business Phone	Social Security No.		Date of Birth
Business Street Address		City	State	Zip Code
Officer Taking Statement		Badge No.	Date	Time Hours
Concerning an Incident Occurring at:		Location Where Statement Taken:		

Summary of Statement:

I have read the foregoing statement and the facts contained therein are true to the best of my knowledge and belief.

_____ Date

_____ Time Completed

_____ Signature of Person Making Statement

