Please Print Clearly

Basalt Police Department

WITNESS STATEMENT

CR#_____

NAME:_____ D.O.B.:_____

HOME ADDRESS:_____ CITY:_____ STATE/ZIP:_____

BUSINESS/EMPLOYEER:_____ CITY:_____ STATE/ZIP:_____

HOME PHONE:_____ CELL PHONE:_____ BUSINESS PHONE:_____

Date of Offence/Incident:_____ Time of offence/Incident:_____ AM/PM_____

Location of Offence/Incident:_____

Use as much detail as possible in describing incident/offence:_____

( )Check if this statement is continued on another page. **Signature:**_____