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AULT POLICE DEPARTMENT STATEMENT FORM

NAME (LAST, FIRST, MIDDLE INITIAL)			PERSON MAKING STATEMENT IS:					
								Party Victim State of the control of the contro
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	DATE OF BIRTH	SSN		DL/ID STATE	DL/ID NUMBER
RESIDENCE ST	FREET ADDRESS		CITY	COUNTY	STATE	ZIP	PHONE NUMBE	R
BUSINESS STF	REET ADDRESS		CITY	COUNTY	STATE	ZIP	PHONE NUMBE	R
OFFICER TAKI	NG STATEMENT			CONCERNING AN INCI	DENT OCCURRING A	T:		
BADGE NO.	BADGE NO. DATE TIME		LOCATION WHERE STA	TEMENT WAS TAKE	N:			
SUMMARY	OF STATEM	IENT:						
be true and	correct. I undei	stand that it is	a criminal offe					or affirm these facts to A criminal offense of
 Date			 Гіте		 Signature	of Person	Making Statem	 ent



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SUMMARY OF STA	TEMENT (CONTINUED):	
		
		
be true and correct. Ι ι		ge(s), and to the best of my knowledge, I hereby swear or affirm these facts to give false or misleading information on this statement. A criminal offense of monetary fine.
Date	 Time	Signature of Person Making Statement