

Broomfield Police Department Thomas C. Deland

303-438-6400

Chief of Police

WITNESS STATEMENT

NAME:						DOB:	
Last		First			Middle	Date of Birth	
HOME ADDDESS						DU ()	
HOME ADDRESS: _	Street	City		State	Zip Code	PH: ()	
						- /	
WORK ADDRESS: _	Company Name and Street		City	State	Zip Code	PH: () Area Code Work Phone	
I have made this sta made to me by anyo	tement voluntarily with one.	out any	force o	r threats	s being used	against me or any promises bei	ng
SIGNATURE			DAT	ΓE		TIME	

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		CR #	
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I have made this statement voluntarily without any fo made to me by anyone.	orce or threats being used aga	ainst me or any promises bein	g
SIGNATURE	DATE	TIME	