

FORT COLLINS POLICE SERVICES INCIDENT SUMMARY

ate of Birth: ome Address: Phone #:	
Name:	th: ress: Phone #: Address: Phone #: Incident (please be as specific as possible): side if more space is needed) the the above statement and am signing it of my own free will. I understand that if gation reveals that I have knowingly provided false or misleading information, I biject to criminal charges of False Reporting to Authorities under C.R.S. 18-8-111.
Date of Birth:	
Home Address:	Phone #:
Business Address:	Phone #:
Details of Incident (please be as specific as possible):	
(Use reverse side if more space is needed)	Birth: ddress: Phone #: s Address: Phone #: of Incident (please be as specific as possible): see side if more space is needed) made the above statement and am signing it of my own free will. I understand that if stigation reveals that I have knowingly provided false or misleading information, I subject to criminal charges of False Reporting to Authorities under C.R.S. 18-8-111.
the investigation reveals that I have knowingly provide	ded false or misleading information, I
Signed:	