

MT. CRESTED BUTTE POLICE DEPARTMENT

911 Gothic Road • PO Box 5800 Mt. Crested Butte, Colorado Office: 970-349-6516 Fax: 970-349-5866

For Internal Use Only: Officer: IR#:

STATEMENT FORM

Last Name:		First:	Middle:	
Date of Birth:	Sex:	Driver's License Number:		State:
Physical Address:			PO Box	<:
Telephone #'s – Home:		Work:	Cell:	
Email:		Employer:		
\Box I, as the victim in this G	case, wish to	pursue charges in this matter		
\Box I, as the victim in this α	case, wish <u>NC</u>	<u>OT</u> to pursue charges in this mat	ter	
Signature:		Date:	P	age:



MT. CRESTED BUTTE POLICE DEPARTMENT

911 Gothic Road • PO Box 5800 Mt. Crested Butte, Colorado Office: 970-349-6516

Fax: 970-349-5866

Signature:	Da	te:	Page:	
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_