POLICE
7 DesCombes Drive • Broomfield, CO 80020 • 303.438.6400 • www.broomfield.org/police

CR # _____

Witness Statement

NAME: _____ DOB: _____
Last First Middle Date of Birth

HOME ADDRESS: _____ PH: (_____)_____-_____
Street City State Zip Code Area Code Home Phone

EMAIL ADDRESS_____

WORK ADDRESS: _____ PH: (_____)_____-_____
Company Name and Street City State Zip Code Area Code Work Phone

I have made this statement voluntarily without any force or threats being used against me or any promises being made to me by anyone.

SIGNATURE _____ **DATE** _____**TIME** _____

CR # _____

I have made this statement voluntarily without any force or threats being used against me or any promises being made to me by anyone.

SIGNATURE _____ DATE _____TIME _____