



RENO POLICE DEPARTMENT STATEMENT

FOR POLICE USE ONLY:

CASE NO: _____

TAKEN BY: _____

PERSON MAKING STATEMENT

NAME OF PERSON MAKING STATEMENT:				OTHER NAMES USED:						
RESIDENCE (STREET) ADDRESS:					HOME PHONE:					
CITY:			STATE:		ZIP:	WORK PHONE:				
RACE:		SEX:	DATE OF BIRTH:		SOCIAL SEC NO:		FAX/CELL/PAGER:			
<input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN		<input type="checkbox"/> MALE	HEIGHT:		WEIGHT:		HAIR:			
<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN		<input type="checkbox"/> FEMALE						EYES:		OTHER NO TO CALL:
<input type="checkbox"/> OTHER										
OCCUPATION AND WHERE EMPLOYED:					EMAIL ADDRESS:					
WORK/SCHOOL ADDRESS:					WORK HOURS:		DAYS OFF:			
INVOLVEMENT:			MY LOCATION WHEN EVENT OCCURRED:							
<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER			<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS							

WRITTEN STATEMENT

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

DATE & TIME OF STATEMENT:		NO PAGES IN STATEMENT:		SIGNATURE OF PERSON MAKING STATEMENT:	
FOR POLICE USE ONLY: RELS. TO:		DATE:		BY:	

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29