Print

City of Chico Police Department
Statement Form

Officer:_____ Incident Report Number:_____

Page ____ of ____

Name:_____ Date of Birth:_____ CDL/OLN:_____

Address:_____ Home Phone: ( ) _____ - _____

Employer/School:_____ Work Phone: ( ) _____ - _____

Occupation/Grade:_____

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Witnessed By:

_____ _____

(Signature of person making statement)

_____ Date:_____ Time:_____