

**WITNESS STATEMENT****Columbine Valley Police Department***Serving the Towns of Columbine Valley and Bow Mar*

2 Middlefield Road, Columbine Valley, CO 80123

ColumbineValley.org, 303-795-1434, fax 303-795-7325

Complete this form and return it to the officer via email, fax, or hard copy.

Date: _____ Time: _____ ☐ a.m. ☐ p.m.**WITNESS INFORMATION**

Last Name: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Race: _____ Sex: _____ Date of Birth: _____ Age: _____

VEHICLE INFORMATION

Driver's License/ID #: _____ Driver's License/ID #: _____ Grade (if in school): _____

Employer Address: _____ City: _____ State: _____ ZIP: _____

NARRATIVE

☐ (continues on next page)**ACKNOWLEDGMENT**

This statement is voluntary, made by me to the Columbine Valley Police without threat of punishment, and without unlawful coercion, influence or inducement. I further state, I have read and understand my statement and the contents are true to the best of my knowledge.

Your Signature: _____

Print, sign, and scan or digital signature

Witnessed by: _____

Columbine Valley Police Department, #2 Middlefield Rd. Columbine Valley, CO 80123

CR# _____(office use)

NARRATIVE

[illegible]