

ELBERT COUNTY SHERIFF'S OFFICE



PLEASE USE BLACK OR BLUE INK & PRINT CLEARLY

STATEMENT

Traffic Accident Involved? Yes No

YOUR INFORMATION	Name (Last, First, Middle Initial):				Person Making Statement Is (check one): <input type="checkbox"/> Law Enforcement						
	Residence Street Address and (P.O. Box):				City	County	State	Zip Code	<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	<input type="checkbox"/> Person Advised
	Business or School Name and Address (P.O. Box):				City	County	State	Zip Code	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input type="checkbox"/> Other:
	Height	Weight	Hair Color	Eye Color	Vehicle Make	Vehicle Model	Vehicle Color	License Plate No.	License State		
Residence or Cell Phone No. ()				Business or Other Phone No. ()		Alternate Phone No. ()		Date of Birth			
Driver's License No.					Email Address						
OFFICER LOCATION	Concerning an incident occurring at (Address):					Location where statement was taken (Address):					
	<input type="checkbox"/> (Check this box if the location is the same as the box to the left.)										
Printed name of Law Enforcement Officer taking statement (First Initial & Last Name):					Badge No.	Date	Time				
Hours											

Brief Summary of Statement (Who, What, When, Where Why, How and How Many?):

I have read the foregoing statement and the facts contained therein are true to the best of my knowledge and belief. I do not maintain that it contains all of the facts or details of the incident, but only those facts about which I have been asked. I understand any false statements or misrepresentation may result in a misdemeanor offense against me.

____/____/____
Date

X _____
Signature of Person Making Statement

____ AM PM
Time Statement Completed

Over (____)

