College Park Police Department Statement Form

Statement of:		Case Number:			
Social Security Number:	Do	OB:	Sex: M F		
Address:	City:	S	rate: Zip code		
Telephone #: Home:	Work:	Cell:	Pager:		
Emergency Contact:					
Statement taken by:				 :=======	
I have made this statement volunt statement and I have not been thr reveals that I have knowingly ma	eatened or coerced into making	g this statement. I fur	ther understand that if invest		
Signature		Date	Time		

Witness Signature	Date	Tim