

## **Victim / Witness Statement**

## Arapahoe Community College Police Department 5900 S. Santa Fe Drive, Littleton, Colorado 80120 303.797.5800

Case # \_\_\_\_\_

Please complete the following, print legibly and bring to ACC Police Department, Room 2600:					
Name of person giving statement				DOB	S#
Posidoneo :	addraes				Phone
Residence address					Filone
Business (name and address)					Phone
This Statement is voluntary and is made by me without threat of punishment and without unlawful coercion, influence or inducement. I have also been advised that I do not have to make this statement and any statement made by me can be used against me in a court of law.					
					_
I further State that I have read the foregoing statement, that I understand the contents, and all the facts stated therein are true in substance and in fact.					
Page	of	Date	Signature		