City of Fort Collins Police Services

FORT COLLINS POLICE SERVICES
INCIDENT SUMMARY

I.A. Tracking #: _____

Name:	
Date of Birth:	
Home Address:	Phone #:
Business Address:	Phone #:

Details of Incident (please be as specific as possible):

(Use reverse side if more space is needed)

I have made the above statement and am signing it of my own free will. I understand that if the investigation reveals that I have knowingly provided false or misleading information, I may be subject to criminal charges of *False Reporting to Authorities* under C.R.S. 18-8-111.

Signed: _____

Date: _____

Revised 121708