

STATEMENT

FAIRBANKS POLICE DEPARTMENT FAIRBANKS, ALASKA

CASE NUMBER	
CROSS REFERENCECASE NUMBER	
CASE OFFICER	STAR

IDENTITY OF PERSON AKING THIS STATEMENT	make the following voluntary statement at: TIME: DATE: ROLE LAST, FIRST, MIDDLE NAME OF PERSON MAKING THIS STATEMENT RACE GENDER DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER LICENSE STATE						GENDER		
IDENT MAKING	RESIDENCE ADDRESS, CITY, STATE, ZIP CODE OCCUPATION, PLACE OF EMPLOYMENT, ADDRESS, CITY, STATE, ZIP CODE			DDE	HOME PHONE			CELL PHONE WORK PHONE	
	E-MAIL ADDRESS								
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STATEMENT									
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	DO NOT WRITE ON BACK OF PAGE - USE AN ADDITIONAL STATEMENT FORM TO CONTINUE								
SIGNATURE	I have read the above and forgoing statement and have been given the opportunity to make an corrections or changes I might want to make. The changes which I have made are initialed by me in my own handwriting. SIGNATURE OF PERSON MAKING THIS STATEMENT								
	DATE / TIME	REPORTING OFFICER	TITLE S	TAR STATEMENT				STAR	
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