LINCOLN COUNTY SHERIFF'S OFFICE
STATEMENT FORM

INCIDENT NO:

To be attached to Original Incident Report made by the Investigating Officers

NAME: _____ **DATE OF THIS REPORT:** _____

POB: _____ **SSN:** _____ **DOB:** _____

OLN/STATE: _____ **HT:** _____ **WT:** _____ **HAIR:** _____ **EYES:** _____

RACE: _____ **SEX:** _____ **ADDRESS:** _____

PHONE: (___)_____ **WORK:** (___)_____ **EMPLOYER:** _____

OCC: _____ **SMT:** _____

MAKE OF VEHICLE: _____

LICENSE NO./STATE: _____

DETAILS: _____

Signature: _____

L.C.S.O. (REV.06-04)

Submit by Email

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