LINCOLN POLICE DEPARTMENT
ACCIDENT REPORT STATEMENT

CR#_____DATE_____TIME_____PAGE ___OF___

NAME_____DOB_____

ADDRESS_____

MAILING_____

CITY, STATE, ZIP_____

PHONE_____

OPERATOR_____ PASSENGER_____ WITNESS_____

I voluntarily, without threats or promises, make the following statement:

I hereby attest that the above statement is the truth and do hereby swear to the validity therein.

Signature_____Witness_____
Date_____Rank_____