



PERSONAL INFORMATION AND STATEMENTS OF FACTS

Police Department

Office 385.201.1005
Fax 385.201.1006

580 West State Street
Lehi, UT 84043
lehi-ut.gov

Today's Date: _____ Case # _____

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ AM PM

Your Name: Last: _____ First: _____ MI: _____

Address: _____ City: _____ ZIP: _____

Phone #: _____ Work#: _____

SSN: _____ Driver's License # _____

D.O.B.: _____ Sex: M F

Email Address: _____

Notice

Pursuant to Section 76-8-504.5 Utah Code annotated, you are notified that statements you are about to make may be presented to a magistrate or a judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make that you do not believe to be true may subject you to criminal charges as a Class "A" misdemeanor. **Initial:** _____

Narrative & Statement of Facts

Please be detailed in your description of the events and facts of this incident. Include what you saw, heard, or know of the incident. When referring to an individual use their full name.

Narrative

Signature: _____



Signature: _____