		CAD#:	CASE#:
NAME:		ALBUQUER	QUE POLICE DEPARTMENT
ADDRESS:		_	QUE, NEW MEXICO
DATE OF BIRTH:		DATE:	
AGE:		TIME:	
SOC. SEC. NO:			
HOME PHONE:	WORK PHONE:		MOBILE/OTHER:
Ι,	wish to give the f	ollowing stateme	nt to
Officer/Detective		, whom I kno	w to be a member of the Albuquerque stain this statement. I understand that l
Police Department. No pro do not have to make a stater	mises or threats have been rement, and that any statement VICTIM ST	: I do make can b	otain this statement. I understand that less used in a court of law.
_			
	END OF ST	'ATEMENT	
The above statement was g and correct to the best of m		by me. I have	read the above statement and it is true
WITNESS	SI	IGNATURE	
WITNESS			
,, 111 <b>11</b> 00	(Continue On B	ack If Needed)	Pageof