



AMHERST COLLEGE

Police Department

Incident Statement Form

Officer	<input type="text"/>	Incident Number	<input type="text"/>
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Last Name		Campus Address		
First Name		Home Address		
Initial	Date of Birth	City	State	Zip Code
Cell Phone #	Home/Office Phone #		AC Box	

Date Occurred from	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date Occurred to	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Type of Incident	Suspect (if known)
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Suspect Description

Property Stolen or Damaged	Value \$	Serial Number
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Make and Model	MV Registration Number
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Statement: ***You must sign your completed statement after printing***

Signature	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Statement Continued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Continued Statement of

Signature

Date

Time

AM
 PM

Statement Continued

Yes No