CR#:	Police Report ID:
R/O:	Title:
For Office Use Only - do not write above this line	

Name (Please Print):	ID Number:
Address: (Home):	Hall/Room:
DOB:	Extension (or Phone):

I hereby certify that the following statement given by me is a true account of the events describes within to the best of my knowledge. I further certify that this statement is given voluntarily and that I have not been coerced into providing information against my will. I understand that any information given may be used in an investigation of criminal activity, and as such, I agree to hold harmless Lewis University, the Department of Campus Security, and any of its officers and/or agents for any action(s) taken as a result of said investigation arising from this voluntary statement.

Signature / Date	Witness (Reporting Officer) / Date