

**UNIVERSITY OF IOWA DEPARTMENT OF PUBLIC SAFETY
WRITTEN STATEMENT**

Victim

Witness

Defendant

Case # 09-013170

Name (Last, First, Middle)		Mobile Phone Number	
Current Address (Street, City, State, ZIP)		Current Phone Number	
Permanent Home Address (Street, City, State, ZIP)		Permanent Home Phone Number	
Business Address		Business Phone Number	
Race	Hispanic	Sex	Date of Birth
<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, make this statement voluntarily to
University of Iowa Police Department, in the presence of _____

I have written and/or read the above statement and swear it is true.

Signature

Date and Time

Subscribed and sworn before me

This _____ day of _____, 20 ____