

Case #	
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**Middlebury College
Department of Public Safety**

STATEMENT FORM

Today's Date/Time Statement Filed	
Type of Incident	
Day/Date of Incident	
Time of Incident	
Location of Incident	

Name			Student		Fac/Staff		Other:
Year		ID #		DOB			
Dorm				Room			
Commons				Ext.			
Home Address							
Home Phone							

PROPERTY INFORMATION:							
	Stolen		Damage		Other:		
	Item		Description		Serial #		Est. Value

Security Staff Receiving Statement	
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Statement:

Statement Form

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Signature of Person Providing Statement

Date

Officer Signature / Date

