Rene King, Sheriff 115 West A Street Shoshone, ID 83352

Lincoln County Sheriff's Office

Deputy Name & Badge Number: _____

Kammeron Hairston , Chief Deputy
Office (208) 886-2250
Fax (208) 886-2851
www.lincolncountyid.gov

				Case Num	ber:	
Date:	Time:	\ AM \] PM Type of	Incident:		
				DOB:		
Telephone: Ma	ain:		Best time:	Othe	r:	
Home Address	s:					
ncident Locati	ion(If Different): _					
Plea	se describe to the	e best of your ability	y what you saw, I	neard, or know of th	is incident in ful	l detail:
Deputy. I have	been advised of an	d understand my righ nave been made to m	nts. I am willing to ne and no pressure	gs. I am making my sta make a statement and or coercion of any kir e pages if necessary.	d answer question:	s without a lawyer
		Please use th	ne back or more pa	ges if necessary		
Page	of pages.	Date:	Signat	:ure:		

	Page	_ of	_ pages.	Date:	Signature:	
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