



## NYE COUNTY SHERIFF'S OFFICE Nye County School District / Division of Special Services The property of the pr

SRO:	File No.:	Date:	Time:	Page:	of
Incident:					
	*** Above Area to b	e Filled out By the Desse Print Clearly)	puty ***		
Name:		se Frint Clearly)	Birthplace:		
Height: Weight:	Hair: F	Eves:	Date of Birth:		
Suspect's Name:	V	ictim's Name:			
Date & Time Occurred on: _		or H	Between:		
The Above States That:					
The Above States That:					
*** I Hereby Certify That The l	Foregoing Voluntary Info	rmation Is True A	And Correct To The I	Best Of My Kno	wledge *
Officer:		_ Signed:			
		_			
As Signified by my signatu I hereby wish to prosecute		Physical			
		Address:			
(Signature	e)	Mailing _			
This Form is not to be Distribu by the General Public, withou					
Nye County School District and the N		Phone #			