

Full Name

Home Address

Primary Phone Number (

Date Statement Completed

Weare Police Department

144 North Stark Highway Weare, New Hampshire 03281

Phone (603) 529-7755 Fax (603) 529-0606



VICTIM/WITNESS STATEMENT FORM

Use this form to provide an account of an incident involving a crime or traffic incident. Statements are voluntary and are made without reward, promise of reward, threat or force. Submitted forms which are unrelated to an incident being investigated by the Weare Police Department will be returned to the individual completing the statement.

DOB:

E-mail

Time Statement Completed

INFORMATION ABOUT THE PERSON COMPLETING THIS STATEMENT

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Location Statement Com	pleted	
Date of Birth		
INFORMATION ABOUT T	HE INCIDENT	
WPD Case Number	Date of Incident	Time of Incident
Location of Incident		
Description of Incident (Please	describe who was involved in the i	ncident what happened. Be as specific as possible)
		Continue on back if necessary
Under penalties of Unswo	rn Falsification (RSA 641:3), I	declare that I have read the foregoing statement
and that all the facts state	d in it are true.	
Signature o	f Victim/ Witness	Signature of Officer/Badge Number