

CHARLESTOWN POLICE DEPARTMENT

Witness Statement

Date: _____

Time: _____

Place: _____



Report # : _____

I, _____, voluntarily without threat or promise make the following statement;

Q. What is your name?

A. _____

Q. What is your address?

A. _____

Q. What is your date of birth?

A. _____

Q. What is your phone number?

A. _____

Signature of person given statement

Date

_____ Signature of person given statement

_____ Date