

CRANSTON POLICE DEPARTMENT

CHECK ONE OF THE FOLLOWING :

- STATEMENT OF COMPLAINING WITNESS...() CR# _____
- STATEMENT OF WITNESS.....() TIME _____
- STATEMENT OF DEFENDANT.....() DATE _____
- STATEMENT OF VEHICLE OPERATOR() PLACE _____

I, _____, voluntarily, without threats or promises, make the following statements:

Q. What is your name?

Q. What is your date of birth?

Q. What is your home address?

Q. What are your phone numbers?
(HOME / WORK)

Statement taken by: _____

Signature: _____

Witness: _____

Continued on additional page(s) ()