Allan W. Fung
Mayor

Colonel Michael J. Winquist
Chief of Police

CRANSTON POLICE DEPARTMENT
STATEMENT FORM

☐ COMPLAINING WITNESS
☐ WITNESS
☐ DEFENDANT
☐ VEHICLE OPERATOR

OFFICER USE ONLY

CR# _____
DATE _____TIME_____
PLACE _____
_____

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

What is your full name?

_____

What is your date of birth?

_____

What is your address?

_____

City_____ State_____ Zip_____

What is your contact information?

Home: _____
Cell: _____
Work: _____ Ext._____
Email: _____

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_____

Officer's Signature: _____

Signature: _____

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Witness : _____