

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)

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Statement taken by: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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