NEWFIELDS POLICE DEPARTMENT

VOLUNTARY STATEMENT

CFS#_____ **OFFENSE#**_____ **ACCIDENT#**_____

Social Security #_____

STATEMENT OF:_____ **DOB**_____

ADDRESS:_____ **TELE**_____

DATE:_____ **TIME:**_____ **PLACE:**_____

CIRCLE APPLICABLE STATUS: NOT UNDER ARREST UNDER ARREST

If under arrest – I have been advised of my right to remain silent, my right to an attorney even if I cannot afford one and the fact that anything within this statement may be used against me in a court of law.

_____
initials

I swear and affirm that the facts contained in this statement are true and accurate to the best of my belief and knowledge and may be used for whatever law enforcement purpose it may serve.

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_____
Signature of Person providing statement

_____
Witness **Justice of the Peace/Police Officer**

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VOLUNTARY STATEMENT CONTINUATION

CFS#_____ **OFFENSE#**_____ **ACCIDENT#**_____