

Kenneth J. Hopkins
Mayor



Colonel Michael J. Winquist
Chief of Police

CRANSTON POLICE DEPARTMENT STATEMENT FORM

| | |
|---|--|
| <input type="checkbox"/> COMPLAINING WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> DEFENDANT <input type="checkbox"/> VEHICLE OPERATOR | CR# _____ DATE _____ TIME _____ PLACE _____ <div style="border: 1px solid black; display: inline-block; padding: 2px;">OFFICER USE ONLY</div> |
|---|--|

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?

What is your contact information?

Home: _____

Cell: _____

Work: _____ Ext. _____

Email: _____

City _____ State _____ Zip _____

Officer's Signature: _____

Signature: _____

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Witness : _____