



# Fitzwilliam Police Department

Witness/Complaint statement

CASE NO. \_\_\_\_\_

Today's Date \_\_\_\_\_

**STATEMENT OF:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WARNING: The giving of false statements, written or otherwise, is punishable by law under any or all of the following statutes; NH RSA 641:2 (Sworn Falsification), NH RSA 641:3 (Unsworn Falsification), NH RSA 641:4 (False Report to Law Enforcement).**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
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11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_

I understand and certify that I have read or have had read to me this statement given by me. I fully understand it and certify that it is true and correct to the best of my knowledge and recollection

Signed \_\_\_\_\_

The personally appeared the above named \_\_\_\_\_ and made oath that the foregoing statement is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Officer / Justice of the Peace

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My Commission Expires \_\_\_\_\_