Logan Twp. Police Department
125 Main St.
PO Box 250
Bridgeport, NJ 08014
856-467-0061 (fax) 856-467-2614

WRITTEN STATEMENT

NAME:_____

ADDRESS:_____

SS#_____ DOB_____ PHONE #_____

TYPE OF INCIDENT_____ CASE #_____

DATE_____ TIME_____ OFFICER_____

THIS STATEMENT IS GIVEN OF MY OWN FREE WILL AND IS CONCERNING THE ABOVE NOTED INCIDENT.

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INITIALS_____ PAGE _____OF_____

CONTINUATION PAGE

I HAVE READ THIS STATEMENT CONSISTING OF _____PAGE(S), AND I CERTIFY THAT THE FACTS CONTAINED THERIN ARE TRUE AND CORRECT. I FURTHER CERTIFY THAT I MADE NO REQUEST FOR THE ADVICE OR PRESENCE OF A LAWYER BEFORE OR DURING ANY PART OF THIS STATEMENT, NOR AT ANY TIME BEFORE IT WAS FINISHED DID I REQUEST THIS STATEMENT TO BE STOPPED. I ALSO DECLARED THAT I WAS NOT TOLD, OR PROMPTED WHAT TO SAY IN THIS STATEMENT.

THIS STATEMENT WAS COMPLETED AT _____ AM / PM ON _____.

WITNESS_____ WITNESS_____

_____ _____

Signature of person providing statement Print name