## Town of Waterville Valley Department of Public Safety 14 TAC Lane / P.O. Box 500 Waterville Valley, NH 03215

## Victim / Witness Statement Form

Case Number:	Date	:
My name is		
and I live at (Street)	(Town)	(State) (Zip)
My Phone Number is: (Home) (Cell) (Other)		
I am making the following statement concer	ning	which occurred
at (Location of Incident)		on (Day) ,
(Date) at AM/PM.	am making this statement voluntary, wit	hout reward, promise of reward,
threat or force, to		, а
police officer(s) of the Waterville Valley Polic	e Department.	
	(	Continue on back if necessary.

Under penalties of Unsworn Falsification (RSA 641:3), I declare that I have read the foregoing statement and that the facts stated in it are true.

Signature of Victim / Witness

Sheet \_\_\_\_\_ of \_\_\_\_\_

Rev. 11/2012	

Signature of Victim / Witness

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Signature of Officer / ID Number

Sheet \_\_\_\_\_ of \_\_\_\_\_