CHERRY HILL POLICE DEPARTMENT

STATEMENT OF FACTS

SECTION I *To Be Completed by Police Personnel*

CASE# _____ NAME OF ACTOR(S) _____

TYPE OF INCIDENT _____ ADDRESS _____

DATE OF INCIDENT _____ _____

TELEPHONE# _____

DATE OF BIRTH _____

SOC. SEC.#

SECTION II *To Be Completed by Person giving Statement*

NAME _____

ADDRESS _____

_____

DATE OF BIRTH	DL #	DL STATE

E-MAIL ADDRESS _____

CELL Number	HOME/WORK Number

SECTION III STATEMENT OF FACTS

THE FOLLOWING IS A STATEMENT OF THE FACTS THAT ARE KNOWN TO ME WITH RESPECT TO THE CASE CITED ABOVE.
THIS STATEMENT WILL BE REVIEWED BEFORE ACCEPTANCE AND MUST BE COMPLETE.. COVERING – WHO, WHAT, WHEN, WHERE, WHY AND HOW.

_____

I HAVE BOTH WITNESSED AND REVIEWED THIS STATEMENT FOR COMPLETENESS AND LEGIBILITY BEFORE ACCEPTANCE:

SIGNATURE

OFFICER, INVESTIGATOR, CLERK ID# DATE

SIGNATURE

COMPLAINANT, VICTIM OR WITNESS DATE

CHERRY HILL POLICE DEPARTMENT

STATEMENT OF FACTS – continuation page _____
No.

SECTION III	STATEMENT OF FACTS	CASE#

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