



Grafton Police Department

28 Providence Road • Grafton, Massachusetts 01519
 Telephone (508) 839-5343 • Fax (508) 839-0106
 www.graftonpolice.com

Voluntary Statement

Case # _____

Page _____ of _____

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Location of Occurrence		

Name (Last, First, Middle)						Date of Birth		Social Security #	
Residential Address (Number, Street, Apt #)						City/Town		State	Zip Code
Business Address						City/Town		State	Zip Code
Race	Sex	Height	Weight	Hair	Eyes	Employer/Occupation			
Residential Phone #:			Cell Phone #:			Work Phone #:		Best Time to Contact You:	

I have read this statement and I affirm to the truth and accuracy of the facts contained herein. This statement was completed at _____, on ____/____/____ at _____ (AM / PM).

Signature of Person Giving Statement

Witness Officer (Signature)

Witness Officer (Printed)