





# WILMINGTON POLICE DEPARTMENT

2 East Main Street, P.O. BOX 217

Wilmington, Vermont 05363

802-464-8593

## STATEMENT

Page \_\_\_\_ of \_\_\_\_

Case number

Officer assigned

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

**Name:** (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

*Statement continued from previous page...*

Multiple horizontal lines for writing the statement.

Check box if statement is continued on another page

Subscribed and sworn to before me on

this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Notary Public/ Judicial Official)

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Date)