

**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 concerning _____ which occurred

at (Location of Incident) _____ on (Day) _____,

(Date) _____ at _____ AM/PM. I am making this statement voluntary, without reward, promise of reward,

threat or force, to _____, a

police officer(s) of the Waterville Valley Police 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

Signature of Officer / ID Number

