



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

