CRAMERTON POLICE DEPARTMENT
STATEMENT

NAME:	DATE OF BIRTH:	RACE:	SEX:

HOME ADDRESS:	CITY:	STATE:	ZIP CODE:

HOME TELEPHONE:	PLACE OF EMPLOYMENT:

EMPLOYER'S ADDRESS:	EMPLOYER'S TELEPHONE:

RELATIONSHIP TO CRIME / INCIDENT:

☐ Victim ☐ Suspect ☐ Witness ☐ Neighbor ☐ Owner ☐ LEO ☐ Other:

CONSTITUTIONAL RIGHTS: ☐ Advised ☐ Waived ☐ N/A	LOCATION STATEMENT OBTAINED:	DATE:	TIME:

STATEMENT:

Signature of Person Giving Statement:_____ Page:_____ of _____