



VOORHEES POLICE DEPARTMENT

1180 WHITE HORSE ROAD
VOORHEES, NEW JERSEY 08043
(856) 627-5858

APRIL HERRINGTON
CHIEF OF POLICE

DRIVER STATEMENT

Police Case: _____

Date of Crash: ____/____/____

State of Driver No: _____

Statement Date: ____/____/____

Place: _____

Taken In the Presence Of: _____ Badge No: _____

I, _____ Of _____
(Driver's Name Printed) (Street Address)

_____-_____-_____
(City) (State) (Zip Code) (Telephone No.)

Are you Injured? _____ Did You Wear Your Seatbelt? _____

Was this vehicle operated for: Personal Use _____ Business/Commerce Use _____
Government Use _____ Responding to an Emergency _____ Machinery in Use _____

The undersigned witness does willingly give this statement knowing that a person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on/or pursuant to a form bearing notice, authorized by law, to the effect that false statements therein are punishable according to N.J.S. 2C:28-3.

Signature of Driver: _____
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