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

APRIL HERRINGTON
CHIEF OF POLICE

WITNESS STATEMENT FORM

Police Case: _____ Date of Incident:_____/_____/_____

Witness Name: _____ Phone: _____

Witness Address: _____

Statement Taken at: _____On (Date):_____/_____/_____

In the Presence of: _____

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 Witness_____

Page_____of _____

Signature must be witnessed by an Officer