

Newburyport Police Department

STATEMENT OF: _____

INCIDENT: _____

NAME: _____ DATE: _____

ADDRESS: _____ ST: _____ ZIP: _____

TELEPHONE: (HM) _____ (CELL) _____

DATE OF BIRTH: _____ SSN#: _____

EMAIL ADDRESS: _____

Signed under the pains and penalties of perjury

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____