

## **BRIDGTON POLICE DEPARTMENT**

8 IREDALE STREET • BRIDGTON, MAINE 04009 207.647.8814



Case #:				
Officer:		Victim	Witness	Suspect
			(Please Check C	ne)
Your Name:			Date of Birth:	
Address:			Home Phone:	
Town:	State:	Zip:	Cell Phone:	
Place of Employment:			Work Phone:	
Address of Employment:				
Town:				
Today's Date:				
l,	, do	o make the follo	wing voluntary st	atement to the
above law enforcement office				
understanding that any false under Maine Revised Statute		•	e punishable as a	i Class D crime,
				· · · · · · · · · · · · · · · · · · ·
				<u>.</u>
Signature:		Witness		
Date:		Date:		

## Victim/Witness/Suspect Voluntary Statement Continuation

Case #:		
Officer:		
,		
Signature:	Witness:	
Date:	 Date:	

Page \_\_\_\_\_ of \_\_\_\_