Carroll Police Department
102 School Street, P.O. Box 203
Twin Mountain, NH 03595
Office: (603) 846-2200, Fax: (603) 846-2201

VOLUNTARY STATEMENT

Case Number: _____

Statement of: _____DOB: _____SS#: _____

Address: _____Phone: _____

Date/Time: _____

I,_____, give the following statement to _____ who has been identified as a member of the Carroll Police Department. This is a voluntary statement. I am not under arrest and I give this information freely.

Please write in ink only. If you make any mistakes, put one line through the mistake and continue. Start from the beginning and write everything you feel is important for us to know in order to investigate this incident.

Print Name: _____

Signature: _____

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Print Name: _____

Signature: _____