WILLIAMSBURG POLICE DEPARTMENT
16 South Main Street, PO Box 172
Haydenville, MA 01039
413-268-7237

24 HOUR DISPATCH (413) 586-1508

VOLUNTARY STATEMENT

Name: _____
Home Address: _____
_____
Home Telephone: (___)_____
Local Address: _____
_____
Local Telephone: (___)_____

Incident # :_____
Call # :_____
Location:_____
Date of Birth: _____
Date: _____
Social Security #: _____--_____--_____

_____
Name (please print) Date

_____
Signature Date

Witnessed (Officer Taking Statement) _____ Date _____