TOWN OF ASHLAND, NEW HAMPSHIRE
POLICE DEPARTMENT

P.O. Box 885
20 Highland Street
Ashland, New Hampshire 03217

Chief William R. Ulwick
Tel: (603) 968-4000
Fax: (603) 968-4009

VOLUNTARY STATEMENT FORM

CLEAR FORM

CASE NUMBER: _____

STATEMENT OF: _____ DOB: _____
ADDRESS: _____
CITY/STATE: _____ PHONE: _____
DATE/TIME: _____ STATEMENT GIVEN TO: _____

STATEMENTS MUST BE TYPED OR WRITTEN IN INK ONLY. IF YOU MAKE ANY MISTAKES, PUT **ONE** LINE THROUGH THE MISTAKE AND CONTINUE. START FROM THE BEGINNING AND PROVIDE EVERYTHING YOU FEEL IS IMPORTANT FOR US TO KNOW IN ORDER TO INVESTIGATE THIS INCIDENT.

641:3 Unsworn Falsification – A person is guilty of a misdemeanor if:
(a) He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
(b) With a purpose to deceive a public servant in the performance of his or her official function, he or she:
(1) Makes any written or electronic false statement which he or she does not believe to be true

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(c) He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or

(d) With a purpose to deceive a public servant in the performance of his or her official function, he or she:
(1) Makes any written or electronic false statement which he or she does not believe to be true