



## BRISTOL POLICE DEPARTMENT

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### VOLUNTARY STATEMENT FORM

CASE NUMBER (if known): \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

I, give the following voluntary statement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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