NORTH HAVEN POLICE DEPARTMENT
TRAFFIC STATEMENT

CASE# _____ **DATE** _____ **TIME** _____ **ACCIDENT / VIOLATION** (CIRCLE)

INVESTIGATING OFFICER _____ **SHIELD #** _____

LOCATION OF INCIDENT _____

NAME _____ **DRIVER / PASSENGER / WITNESS** (CIRCLE)

ADDRESS _____

HOME PHONE_____ **BUSINESS PHONE**_____ **DOB** _____

THIS STATEMENT IS MADE UNDER THE PENALTY OF C.G.S. 53a-157 – MAKING A FALSE STATEMENT

SIGNATURE WITNESS PAGE OF